Town of Luray

Zoning Clearance Application

Application No.: _____

I, as owner or authorized agent for the property described below, do hereby certify that I have the authority to make this application for a Zoning Permit for the activity described below and as show on any attached plans or specifications, that the information provided is correct and that any construction/use will conform to the regulations of the Town's *Zoning Ordinance* and other codes of the Town of Luray, County of Page, and Commonwealth of Virginia, as applicable. This permit application authorizes the Zoning Administrator or designee to perform reasonable site inspections as required to confirm information provided and compliance with the conditions applicable to this permit. Further I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

Purpose of Application:

- ☐ Business License
- ☐ Temporary Pool
- ☐ Change of Use
- ☐ Renovations Requiring a Building Permit
- ☐ Amendment to Zoning Permit

Applicant Information:

Applicant Name _____

Company Name _____

Address _____

Phone: _____ Email: _____

Property Owner Information:

Owner Name _____

Address _____

Phone: _____ Email: _____

Property Information:

Site Address _____

Page County Tax Map Number _____ Town Zoning District _____

Request Information:

Nature of Request (Describe Fully) _____

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- For Pools: Include sketch of proposed placement on lot in relation to home and neighboring lots on back of application
- For Business License: All taxes must be current; Any signage will require separate permit application
- For Renovations: Please identify contractor, anticipated construction time, and estimated value of improvements in description
- For Amendments to Zoning Permits: Please provide a sketch and provide dimensions
- For Change of Use: Please describe current use of property and proposed new use of property

_____ _____

APPLICANT SIGNATURE DATE

_____ _____

OWNER SIGNATURE DATE