



Town of Luray
Zoning Permit 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.

- Application: [] Site Development [] Property Subdivision [] Boundary Line Adjustment
[] Rezoning [] Special Use Permit [] Zoning Variance

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) _____

See Appropriate Application Appendix for Additional Information Required with Your Application

Signature of Applicant _____ Date _____

Please Complete Additional Application Form for Your Specific Request



Town of Luray
Zoning – Property Subdivision
Application No.: _____

Please provide a four (4) survey plats prepared by a licensed surveyor by the Commonwealth of Virginia with this application.

- Application:** Preliminary Minor (<4 lots) Preliminary Major
 Final Minor (<4 lots) Final Major
 Sketch Plat

Surveyor Information:

Surveyor Name _____

Company Name _____

Surveyor VA Lic No.: _____ Exp. Date: _____

Parcel Information:

Original Page County Tax Map Number(s) & Lot Sizes (sf/ac) _____

Proposed Tax Map Number(s) & Lot Sizes (sf/ac) _____

Comments/Notes _____

I hereby certify that the information provided on this application is correct and meets all Town, County, and Commonwealth requirements, and further attest that all required permitting will be received prior to commencing construction. (See Article II, Section 302 of Luray Code of Ordinances, townofluray.com)

Signature of Applicant

Date

Please provide a 3” high by 5” wide area on the survey plat for the Town’s approval stamp

The applicant shall record the final subdivision plat in the Page County Clerk of Circuit Court’s office within six (6) months of approval, and a copy of the recorded plat and receipt shall be provided to the Town Zoning Administrator. Any plat not recorded within the six month time shall be deemed null and void.

Approval of a preliminary plat shall not constitute acceptance of a subdivision for recording and does not constitute a guarantee of approval of the final plat