



**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                      Certificate of Occupancy                      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

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date