	TOWN OF MT. CRAWFORD	1	Mt, Crawford Administrative Fee \$25/unit	
	Post Office Box 187; Mt. Crawford, Virginia 22841	E USE		
	Office: • Fax:	OFFICE	Subdivision Review Fee \$	
:	ZONING PERMIT FOR CONSTRUCTION APPLICATION		TOTAL FEE DUE S	
	Name of Property Owner:	Z	Project's Physical Address:	
OWNER	Mailing Address of Property Owner:	DESIGNATION	Subdivision or Development Name (if applicable):	
PROPERTY OW				
	City/State/Zip Code:			
PRC	Primary Telephone Number: Secondary Telephone Number:	PROJECT	Tax Map Number: Floodplain: Zoning:	
	Business Name of Project Applicant:		Business Name of Property Occupant:	
ST APPLICANT	Name of Project Applicant:	OCCUPANT	Name of Property Occupant:	
	Mailing Address of Project Applicant:			
PROJECT	City/State/Zip Code:	PROPERTY	City/State/Zip Code:	
- I	Primary Telephone Number: Secondary Telephone Number:	-	Primary Telephone Number: Secondary Telephone Number:	
Project information	General Zoning Permit Zoning Ordinance Variance Special Use Permit Property Subdivision  Project Category (check all that apply): Building Construction Parking Lot Signage Property Subdivision  Project Description:  Building Square Footage: Parking Lot Square Footage: Sign Square Footage: Sq. ft.  Current Zoning Use Classification (per Town Code of Ordinances):	are Foo	Zoning District Amendment Appeal of Zoning Decision  Project Type (check all that apply): New Alteration Addition Change of Use  Dotage: Sq. ft. Number of Lots Created: Stimated Project Cost:	
E	Current Parking Classification (per Town Code of Ordinances):	+	Proposed Parking Classification (per Town Code of Ordinances):	
	This application is hereby made for permission to develop the all in accordance with the description and for the purpose herein do is made subject to all Town, County and State Laws and ordinal	escril	e referenced property ribed. This application	
EEMENT	undersigned, hereby certify that I have the authority to make the foregoing application; that the information and attachments given are true and accurate; and that construction will conform to Mt. Crawford's Charter and Code of Ordinances, VDOT Standards and and Specifiations, and any deed restrictions.			
APPLICATION AGREEMENT	After Application Approval (check only one):  Call the Property Owner  Call the Project Applicant  Mail to the Property Owner  Mail to the Property Occupant  Mail to the Property Occupant			
APPLIC	Applicant's Name (Print): Signate	ure Dat	ate: Applicant's Signature:	
	Zonling Administrator's Name (Print): Approx	ral Date	ate: Zoning Administrator's Approval Signature:	

File Designation