	TOWN OF MT. CRAWFORD	USE	Mt. Cr	awford Administrative Fee \$25/unit	\$		Payment Da	te
Post Office Box 187; Mt. Crawford, Virginia 22841				water General Review \$.01/sq. ft.(\$10 min.)	\$	41-7/400 MICH	Payment Da	te
		OFFICE	Sub	division Review Fee	\$			
2	ONING PERMIT FOR CONSTRUCTION APPLICATION	0		TOTAL FEE DUE	\$			
OWNER	Name of Property Owner:		Proje	Project's Physical Address:				
	Mailing Address of Property Owner:			Subdivision or Development Name (if applicable):				
PROPERTY	City/State/Zip Code:			Specific Property Location (i.e. Section No., Block No., Lot No. etc.):				
A	Primary Telephone Number: Secondary Telephone Number:	PROJECT	Tax	Map Number:		Floodplain:		Zoning:
PROJECT APPLICANT	Business Name of Project Applicant:		Busir	Business Name of Property Occupant:				
	Name of Project Applicant: Mailing Address of Project Applicant:			Name of Property Occupant:				
				Mailing Address of Property Occupant:				
	City/State/Zip Code:	PROPERTY	City/s	City/State/Zip Code:				
	Primary Telephone Number: Secondary Telephone Number:		Prima	ary Telephone Number:		Secon	ndary Telephone	Number:
INFORMATION	Project Category (check all that apply): Building Construction Property Subdivision Property Subdivision Project Description:			Appeal of Zoning Decision Project Type (check all that apply): New Alteration Addition Change of Use				
	Building Square Footage: Parking Lot Square Footage: Sign Square Footage: Number of Lots Created: Estimated Project Cost:							d Project Cost:
	sq. ft. sq. ft. sq. ft. Current Zoning Use Classification (per Town Code of Ordinances):	T	sq. ft. lots \$					
	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 a in accordance with the description and for the purpose herein of is made subject to all Town, County and State Laws and ordina undersigned, hereby certify that I have the authority to make the that the information and attachments given are true and accurate will conform to Mt. Crawford's Charter and Code of Ordinances and Specifiations, and any deed restrictions.	lescr inces e fore te; ai	bed. This application , and which I, the going application; nd that construction					
	After Application Approval (check only one): Call the Property Owner Mail to the Property Owner Mail to the Property Owner							
AFFLICATION AGREEMENT	Applicant's Name (Print):	ture Da	ate:	Applicant's Signature:				
	Zoning Administrator's Name (Print): Approva			Zoning Administrator's Approval Signature:				

File Designation: