TOWN OF GLADE SPRING
ZONING PERMIT APPLICATION

For Office Use Only

Hearing Date:_____ Decision:_____ Application #:_____

1._____ Zoning Permit - $0
2._____ Conditional Use Permit - $100
3._____ Zone Change - $100
4._____ Variance - $100

Name of Applicant:_____

E-911 Address:_____ Home Phone:_____
_____ Business Phone:_____

Name of Property Owner(s):_____

E-911 Address:_____ Home Number:_____
_____ Business Phone:_____

Address of Subject Property **IF NOT** the same as the Home Address given above:
_____

Legal Description of Property: Tax Map:_____ Parcel Number:_____

If Portion of a Parcel: Metes:_____ Bounds:_____ Acreage:_____

Name of Contractor or Architect:_____

Address:_____ Telephone:_____
_____

Highway Entrance Permit Obtained: _____Yes _____No Permit # _____

Erosion and Sediment Control Permit Obtained: _____Yes _____No Permit #_____

APPLICANT'S REQUEST: (Explain completely the reason for the request or attach a statement along with other required maps and documents-see directions.)
_____
_____
_____
_____

SIGNATURE OF OWNER(S):_____
Dated this _____ day of _____, 20___.

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ZONING PERMIT

- Approved this _____ day of _____, 20___.
- Disapproved this _____ day of _____, 20___.

CONDITIONS/COMMENTS:
_____
_____
_____
_____

_____
Glade Spring Zoning Administrator