



Town of Tazewell  
 P.O. Box 608  
 Tazewell, Virginia 24651  
 Telephone: (276) 988-2501  
 Fax: (276) 988-2505  
 Website: [www.townoftazewell.org](http://www.townoftazewell.org)

Application Number \_\_\_\_\_  
 Application Fee: ( ) \$20.00  
 ( ) \_\_\_\_\_

## Zoning Permit Application

<b>APPLICANT</b>	NAME		
	ADDRESS		
	PHONE		
	EMAIL		
<b>PROPERTY INFO</b>	OWNER		
	ADDRESS		
	Zoning:	Cost Est. \$	Tax Id #
<b>PERMIT REQUEST INFO</b>	<b>TYPE OF REQUEST</b> (check one)		Dimensions of Lot _____ Size of Structure _____ Min Front Yard Depth _____ Minimum Side Yard Width _____ Minimum Rear Yard Depth _____ Setback _____
	<input type="checkbox"/> Conditional Use Permit (23-87) _____ _____ <input type="checkbox"/> Non-Conforming Use Permit (23-77) _____ _____ <input type="checkbox"/> New Residential <input type="checkbox"/> Residential Addition <input type="checkbox"/> Residential Accessory <input type="checkbox"/> New Commercial <input type="checkbox"/> Commercial Addition <input type="checkbox"/> Commercial Sign (23-95) <input type="checkbox"/> Other _____		
<b>Scope of Work:</b> _____			
<b>CONTRACTOR INFO</b>	NAME		
	ADDRESS		
	PHONE		
	EMAIL		
<b>STAFF REVIEW</b>	DATE RECEIVED		
	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO		APPROVAL DATE
	APPROVAL SIGNATURE		EXPIRATION DATE

By signing below, I certify that the information provided on this application is true and that I am the current property owner of record or an authorized representative. I do also hereby authorize Town of Tazewell staff on official business to enter onto the subject property as necessary to process the application.

\_\_\_\_\_

Print Name of Applicant/Owner

\_\_\_\_\_

Signature of Applicant/Owner

\_\_\_\_\_

Date of Application