



Town of Tazewell

P.O. Box 608

Tazewell, Virginia 24651

Telephone: (276) 988-2501

Fax: (276) 988-2505

Website: www.townoftazewell.org

Application Number _____

Application Fee: () \$20.00

() _____

Zoning Permit Application

APPLICANT	NAME		
	ADDRESS		
	PHONE		
	EMAIL		
PROPERTY INFO	OWNER		
	ADDRESS		
	Zoning:	Cost Est. \$	Parcel Id #
PERMIT REQUEST INFO	TYPE OF REQUEST (check one) <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 Commerical <input type="checkbox"/> Commerical Addition <input type="checkbox"/> Commerical Sign (23-95) <input type="checkbox"/> Demo/ Removal of Structure <input type="checkbox"/> Electrical Install/Upgrade <input type="checkbox"/> A/C Install/Upgrade <input type="checkbox"/> Fence/Storage Building <input type="checkbox"/> Remodel <input type="checkbox"/> Other _____	TYPE OF USE (check one) <input type="checkbox"/> Apartment (VCC 310.4) <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Two / Multiple Dwelling (VCC 310.5) <input type="checkbox"/> Rooming, B&B, Tourist Homes <input type="checkbox"/> General Hospitals (VCC 308.4) <input type="checkbox"/> Medical Facility (VCC 304.1) <input type="checkbox"/> Auto & Home Service <input type="checkbox"/> Bakery/Restaurant/Deli <input type="checkbox"/> Retail Store (VCC 309.1) <input type="checkbox"/> Barber/Beauty Shop <input type="checkbox"/> Behavioral Health & Development (VA Code 3702-406) <input type="checkbox"/> Hotel/ Motel (VCC 310.3) <input type="checkbox"/> School/ Daycare (VCC 305.1)	Dimensions of Lot _____ Size of Structure _____ Min Front Yard Depth _____ Minimum Side Yard Width _____ Minimum Rear Yard Depth _____ Setback _____
	Scope of Work:		
CONTRACTOR INFO <input type="checkbox"/> Same as Applicant <input type="checkbox"/> Business License	NAME		
	ADDRESS		
	PHONE		
	EMAIL		
STAFF REVIEW	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