

TOWN OF STEPHENS CITY, VIRGINIA



P.O. Box 250
1033 Locust Street
Stephens City, VA 22655
540-869-3087

PERMIT # _____
FEE AMOUNT: _____
APP DATE: _____

STEPHENS CITY ZONING PERMIT

The applicant shall provide the following information:

All parcel numbers, tax map numbers, deed book pages and numbers may be obtained from the Office of the Commissioner of Revenue, 107 N. Kent Street, Winchester, VA.

Applicant's Signature _____	Applicant: _____ <i>(Please use the reverse side to list additional applicants)</i>
Telephone: _____	Street Address: _____
E-Mail: _____	City: _____ St.: _____ Zip: _____

Contractor's Name: _____	Telephone: _____
Site Address: _____	City: _____ St.: _____ Zip: _____

Type of Development (describe): _____	

Zoning of Property: _____	Job Value: \$ _____
Bldg. Size: _____	No. of Stories _____
Set Back Distances: Front _____	Rear _____
Sides _____	_____

Please attach a site plan for the proposed structures and size of location showing set back lines, all easements and right-of-ways, flood plain and parking area.

APPROVED OR DENIED

Approval Date: _____ Zoning Administrator _____