



Zoning Permit Application*

Town of Onley
P.O. Box 622
Onley VA 23418
757-787-3985

Total Due \$ _____
*See Fee Schedule

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Owner _____

Mailing Address _____

Contact Number _____

Physical Address of Property (911 Address) _____

Tax Map ID Numbers _____

Name of Contractor _____

Contractor Address _____

Contractor License Number _____

Contact Number/Contractor _____

Please provide a complete description of your plans for the property; for Alterations of Repairs, provide a complete description and attach drawings/site plans

I/we, _____ hereby certify that on January 1 of the current calendar year, the land described above is listed in the name and address of:

(Owner's Signature)

(Signature of Agent/Contractor)

Application is hereby made for a Zoning Permit and Certificate of Compliance in accordance with the description and for the purpose hereinafter set forth. This Application is made subject to all local and state laws and ordinances which are hereby agreed to by the undersigned which shall be deemed a condition entering into the exercise of this Permit.

OFFICE USE ONLY

APPROVED

Zoning Administrator

Date

DENIED

Zoning Administrator

Date

Explanation : _____

