

TOWN of BOYCE

V I R G I N I A

TOWN OFFICE
 POST OFFICE BOX 209
 BOYCE, VA 22620
 540-837-2901

PLANNING OFFICE
 101 CHALMERS COURT, SUITE B
 BERRYVILLE, VA 22611
 540-955-5130

ZONING PERMIT

Applicant: _____ Date: _____

Mailing _____ Owner's Name: _____

Address: _____ Telephone #: _____

The purpose of this permit: () Build () Enlarge () Remodel () Other

Size of Structure: _____ Contractor: _____

Proposed use of structure: _____

Zoning Compliance Chart

Subdivision		
Lot #:		
Lot Area:		
Setbacks () Primary () Accessory Corner Lot Y N	Required	Provided
Front		
House		
Garage		
Side (Right)		
Side (Left)		
Rear		
Maximum Height		
Maximum Impervious Area		
Structure in Utility Easement		

Approved: _____ Date: _____

Boyce Town Zoning Administrator

Conditions/Notes: _____

Any discrepancies between proposed (above) and actual after zoning approval are the applicant's responsibility.

Signature of applicant: _____ Date: _____

OFFICE USE ONLY

Description of structure and/or use: _____

Street address: _____

Zoning: _____ Tax Map #: _____ Historic District: _____

Min. required setbacks: Front: _____ Side: _____ Rear: _____

Setbacks provided: F _____ LS _____ RS _____ R _____

Site Plan? _____ Water/Sewer Taps? _____

Flood plain? _____ Easements? _____

Conditions: _____

Zoning Permit is hereby: () Granted () Denied

Zoning Administrator: _____ Date: _____

For the structure and/or use described herein: Fee: _____ Check # _____