

Date received:



Zoning Approval: # _____
to be completed by Planning & Zoning staff

80 Front Street – PO Box 558 - Lovingson, VA 22949 (434) 263-7090 [Phone] ▪ (434) 263-7086 [Fax]

PARCEL INFORMATION	
Address / Location:	
Property Owner:	
Description:	

YOUR CONTACT INFORMATION			
Name:			
Address:		City/State/Zip:	
Home/Work Phone:	Cell:	Fax:	
Email:			

Signature: _____

Date: _____

TO BE FILLED BY COUNTY STAFF

Acres:

Zoning District:

Floodplain on Property:

Yes No

Structure in Floodplain:

Yes No

Minimum Required Setbacks:

Front:

Rear:

Side:

(minimum of left + right setbacks)

Right:

Left:

Accessory: 15' from all property lines and behind front yard setback line

CONDITIONS:

All other applicable local, state, and federal regulations shall be complied with.

ZONING APPROVAL: _____
Date Director of Planning & Zoning