TOWN OF SMITHFIELD

310 Institute Street, P. O. Box 246, Smithfield, VA 23431
(757) 365-4200 Fax (757) 357-9933

ZONING PERMIT APPLICATION

_____ _____

(Tax Map Number) Permit Number

Request a Zoning Permit to erect / enlarge / move / demolish a _____

located at _____ for use as a _____

The property has / does not have City water and will be connected to a (sewer system-septic system*). A plat of the property with an outline of the building, distance to property lines, driveway, culvert size and width, and off-street parking is attached.

Living area of structure:_____sq. ft. Attached/Detached garage:_____sq. ft. Total square feet:_____

Accessory structure (if applicable) is _____ ft. high. Water Meter Size: _____

Zoning Permit Fee $ _____ Water Minimum Fee $ _____

Sewer Fees: Availability Fee $ _____ Connection Fee $ _____ HRSD Fee $ _____

Water Fees: Availability Fee $_____ Connection Fee $_____

Property is zoned _____ Front/Rear Yard setbacks _____ Side Yard setbacks _____

Board of Historic and Architectural Review (BHAR) approval is / is not required. BHAR approval date _____

Date Issued _____ _____

(valid for six (6) months) William T. Hopkins, III, CZA

Director of Planning, Engineering & Public Works

TOWN INSPECTIONS:

The Town shall inspect the following for any new single family residence or commercial structure (if applicable):

- **Address numbers on the building**
- **Water meter boxes**
- **Sewer clean outs**
- **Sewer tie-ins (before it's backfilled and covered up)**
- **Driveway Culvert (24 ft. of RCP pipe is required. The pipe diameter and invert shall be approved by the Town prior to installation)**
- **Driveway apron inspections (prior to material installation)**
  Driveway description (circle one): Concrete / Gravel / Asphalt (see attached)

NOTE: The permittee, as signed below, takes full responsibility/liability for the proper installation of the above referenced items and for any damage incurred to the Town's existing water, sanitary sewer facilities and roadway infrastructure on site.

I agree with the above referenced statement _____ _____

(Print Name) (Signature)

MISCELLANEOUS NOTES:

Before work begins, a building permit must be obtained from Isle of Wight County. They can be contacted at 357-3191 ext. 213.

All fees must be paid at time the zoning permit is issued. The Contractor must have a **Town of Smithfield Business License** and is responsible for maintaining cleanliness of work site.

If any structure, temporary or permanent, is placed in any easement, and the Town of Smithfield has to do any type of work in that easement, then the structures may be moved at the property owner's expense.

A Chesapeake Bay Ordinance Worksheet must be submitted for all new construction.

Two off-street parking spaces are required per dwelling unit.

Owner / Agent _____ Signature _____

Company Name _____

Telephone No. _____ Address _____

Fax Number _____ _____

Owner _____ Lot _____ Phase/Section _____ Subdivision _____

*Septic systems and wells require Health Department approval. This application complies with the Town's Chesapeake Bay Preservation Ordinance and does / does not require a "reserve sewage disposal site at least equal to that of the primary sewage disposal site."

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CHESAPEAKE BAY PRESERVATION AREA ORDINANCE
ZONING PERMIT WORKSHEET FOR NEW CONSTRUCTION

DATE: _____

OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____

APPLICANT (If different from owner): _____

ADDRESS: _____

PHONE NUMBER: _____

PROPERTY INFORMATION

ZONING: _____ PARCEL SIZE (SQUARE FEET): _____

TAX MAP NUMBER: _____

PROPERTY ADDRESS: _____

RECORDATION DATE OF LOT OR PARCEL: _____

PROPOSED USE: _____

SQUARE FOOTAGE OF IMPERVIOUS COVER

HOUSE: _____ GARAGE: _____ DRIVEWAY: _____

SIDEWALKS: _____ TOTAL: _____

PRECENTAGE IMPERVIOUS LOT COVERAGE: _____
(If greater than 16%, development or site must have storm water management practice in place.)

STORMWATER MANAGEMENT PRACTICE: _____

CHESAPEAKE BAY PRESERVATION AREA ORDINANCE INFORMATION
(To Be Completed by the Planning and Zoning Department)

DOES THE SUBJECT PROPERTY CONTAIN RESOURCE PROTECTION AREAS? _____

IS THE TOTAL LAND DISTURBANCE (PROPOSED STRUCTURE)
MORE THAN 2,500 SQ. FT.? _____
(If yes, must submit plan of development specifications as outlined in Article VI of Chesapeake Preservation Area Ordinance)

TYPE OF SITE PLAN REQUIRED: _____

RPA DELINEATION PERFORMED BY LICENSED SURVEYOR OR ENGINEER? _____

COMMENTS: _____
_____
_____
_____

DATE REVIEWED: _____
APPROVED: _____ DENIED: _____
BY: _____ DATE: _____

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APPLICATION FOR:

☐ Special Use Permit ☐ Variance ☐ Special Yard Exception

☐ Special Sign Exception ☐ Other

Applicant(s) Name: _____

Address: _____

City, State, Zip: _____

Phone Number(s): _____

Property Owner(s) Name: _____

Address: _____

City, State, Zip: _____

Phone Number(s): _____

Property Address: _____

Tax Map Number(s): _____

Property Description: _____

_____

Zoning: _____ Acreage: _____ Application Fee: _____

Legal Reference: _____ Deed Book#: _____ Page#: _____

Proposed Use/Exception: _____

_____

_____

_____

_____

_____

_____

_____ _____

Applicant(s) Signature Date

_____ _____

Applicant(s) Signature Date