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David Beniamino  
 Zoning Administrator  
 (540) 878-3570  
 hamiltonzoningdepartment@yahoo.com

## Zoning Permit Application

*Town of Hamilton*

**Please check one of the following:**

- |  |  |   |
|--|--|---|
| <p style="text-align: center;"><b>Residential</b></p> <input type="checkbox"/> New Construction<br><input type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Deck<br><input type="checkbox"/> Accessory Structure<br><input type="checkbox"/> Fence<br><input type="checkbox"/> Other _____ | <p style="text-align: center;"><b>Non-Residential</b></p> <input type="checkbox"/> New Construction<br><input type="checkbox"/> Land Grading<br><input type="checkbox"/> Interior fit-up<br><input type="checkbox"/> Other _____ | <p style="text-align: center;"><b>Other</b></p> <input type="checkbox"/> Temporary Trailer<br><input type="checkbox"/> Demolition |
|--|--|---|

Date \_\_\_\_\_ PIN \_\_\_\_\_ Zoning District \_\_\_\_\_

Street Address \_\_\_\_\_

Agent Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contractor Name \_\_\_\_\_ Business License # \_\_\_\_\_

**Additional Submission Items:**

- Plat with location of the proposed change and distances to property lines**
- Contractor & Subcontractor Listing**
- All information as requested on the back of this application**

**PLEASE SEE REVERSE FOR ADDITIONAL QUESTIONS**

**Agent/Owner:**

I have read this completed application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the Town may deny, approve, or conditionally approve that for which I am applying. Furthermore, I grant permission to the Town or authorized government agents to enter the property and make such investigations and tests as they deem necessary. I also agree to repair any and all damages to sidewalks, streets, alleys, water and/or sewer lines/mains which may result. I understand that any changes, alterations, conversions, extensions or enlargements with regard to the construction and/or reconstruction plans or drawings associated with the submission of this application will require a new zoning permit, as this approved permit will be automatically rendered null and void and that this permit will expire six (6) months from the date of approval.

Agent/Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Town Use Only**

- Business License Approved  Fees Paid Amount \$ \_\_\_\_\_

Zoning Administrator's Approval	Date
Mayor's Approval	Date
Comments:	<b>Permit #</b>