

53 East Colonial Highway
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 Hamilton, VA 20158
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Daniel S Galindo, AICP
 Zoning Administrator
 (571) 442-0598
 hamiltonzoning@gmail.com

Zoning Permit Application

Town of Hamilton

Please check one of the following:

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

Date _____ PIN _____ Zoning District _____

Street Address _____

Owner/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
Comments:	Permit #

