

TOWN OF RICHLANDS
200 WASHINGTON SQUARE
RICHLANDS, VA 24641
PHONE (276) 964-2566 · FAX (276) 963-2889

ZONING PERMIT APPLICATION

OPERATE A BUSINESS

Applicant Name _____ Phone Number _____

Business Name _____ Type of Business _____

Contact Person _____ Phone Number _____

Address of Business _____ Tax Map Number _____

Mailing Address For Business _____

Property Owner _____ Mailing Address _____

Contact Person _____ Phone Number _____

Applicant is: Individual _____ Firm/Partnership _____ Corporation _____

Description of Project

(Site and Plans Drawings Required for erection, placement, construction, reconstruction, alterations, or additions)

Build New _____ Existing _____ Remodel _____ Rewire _____ Plumb _____ Site plans _____ Construction plans _____

Contractor: _____ Phone Number _____ Contractor Number _____

Structural Dimensions: Length: _____ Width: _____ Height above grade: _____ Number of floors: _____

Erect Sign: _____ Height: _____ Length: _____ Width: _____ Material: _____ Power: _____ From _____

Attachments _____

UTILITIES

Power: _____ Provider _____ Load description: _____

Water: _____ Public _____ (Provider) _____ Private _____ Well _____ Other _____

Sewer: _____ Public _____ (Provider) _____ Private _____ Septic _____ Other _____

*** COMPLETED APPLICATION IS REQUIRED FOR ISSUE OF PERMIT***

APPLICANT SIGNATURE _____ DATE _____