

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

ZONING PERMIT APPLICATION

Name _____ Phone Number _____

Address or Location of work site _____ Tax Map Number _____

Mailing Address _____

Property Owner: _____ Phone Number _____

Mailing Address _____

Contractor: _____ Phone Number _____ Contractor Number _____

Mailing Address _____ Project Cost: _____

Request Permit to: Build a Structure ___ Remodel A Structure ___ Rewire A Structure ___ Remove A Structure ___ Place a Structure ___

Use: Residential ___ Commercial ___ Single Story ___ Multi Story ___ Main structure ___ Outbuilding ___ Garage ___

Structural Dimensions:

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

Description of Project: * (Site and Construction Plans Required) *

Site plan provided: _____ Construction plan provided: _____ Comments _____

UTILITIES

Power: ___ Provider _____ Load description: _____

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

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

Attachments _____

*** SITE AND PLAN DRAWINGS ARE REQUIRED FOR *
ERECTION, PLACEMENT, CONSTRUCTION, RECONSTRUCTION,
ALTERATION, OR ADDITIONS**

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

APPLICANT SIGNATURE _____ DATE _____

Permit is null and void if work is not begun within 30 days. Work must be completed within 6 months of issue of permit.