Southampton County

DEPARTMENT OF COMMUNITY DEVELOPMENT

ZONING CLEARANCE APPLICATION

Payment Method Check/Cash _____ Credit Card _____

FEE: ___$40.00____ (7/28/2022) DATE: _____

APPLICANT NAME: _____

ADDRESS: _____

PHONE (HOME): _____ (BUSINESS):_____

EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____ ZONED: _____

CURRENT/PRIOR USE: _____

OWNER (If other than applicant) : _____PHONE:_____

OWNER ADDRESS: _____

NEW BUSINESS NAME IF APPLICABLE: _____

DESCRIBE PROPOSED USE: (also attach narrative) _____

HEALTH DEPARTMENT APPROVAL NEEDED: YES: ☐ NO ☐

SITE PLAN REQUIRED: YES: ☐ NO: ☐

FLOOR PLAN LAYOUT: YES: ☐ NO: ☐

IS PROPERTY LOCATED IN THE SPECIAL FLOOD HAZARD AREA? (100 year flood plain) YES: ☐ NO: ☐

THE APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING ALL APPLICABLE STATE AND/OR FEDERAL PERMITS REGULATING THE USE OF THE PROPERTY. IT IS UNDERSTOOD THAT NO CHANGE IN USE SHALL BE MADE WITHOUT THE APPROVAL OF THE ZONING ADMINISTRATOR.

SIGNED: _____DATE_____
APPLICANT

OFFICE USE ONLY

APPROVED: ☐ CONDITIONAL APPROVAL: ☐ DENIED: ☐ REASON FOR DENIAL: _____

_____

CONDITIONS: _____

_____

SIGNED: _____DATE:_____
ZONING OFFICER

SOUTHAMPTON COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT
24283 CHEROENHAKA ROAD, COURTLAND, VA 23837 757-742-6777