



**TOWN OF COLONIAL BEACH**  
**Department of Planning & Community Development**  
**315 Douglas Avenue**  
**Colonial Beach, VA 22443**  
**(804) 224-7506**  
**(804) 224-1318 Fax**  
**www.colonialbeachva.net**

**ZONING APPLICATION FOR LAND DEVELOPMENT PERMIT**

Application Date: \_\_\_\_\_ Case Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**1. TYPE OF REQUEST**

<input type="checkbox"/> Rezoning	From:	To:	
<input type="checkbox"/> Site Plan Approval	<input type="checkbox"/> Major	Name of Development:	
	<input type="checkbox"/> Minor	Name of Development:	
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Concept		
	<input type="checkbox"/> Major	<input type="checkbox"/> Preliminary Name & Phase/Section:	
		<input type="checkbox"/> Final/Record Name & Phase/Section:	
		<input type="checkbox"/> Final/Record Name:	
	<input type="checkbox"/> Minor	<input type="checkbox"/> Lot consolidation	
		<input type="checkbox"/> Lot line adjustment	
<input type="checkbox"/> Re-subdivision			
<input type="checkbox"/> Family			
		<input type="checkbox"/> Other:	
<input type="checkbox"/> Variance	Specify Ordinance Section:		
<input type="checkbox"/> Administrative Appeal			
<input type="checkbox"/> Right of Way Vacation			
<input type="checkbox"/> Conditional Use Permit			
<input type="checkbox"/> Amendment to Existing Plan	<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential	
<input type="checkbox"/> Other:			

**2. OWNER(S)/AGENT INFORMATION** (Please use additional sheets if necessary)

<b>Owner of Record</b>	Name	Daytime Phone Number
	Mailing Address	
	E-mail Address	Cell Number

<b>Owner of Record</b>	Name	Daytime Phone Number
	Mailing Address	
	E-mail Address	Cell Number

<b>Owner of Record</b>	Name	Daytime Phone Number
	Mailing Address	
	E-mail Address	Cell Number

<b>Agent</b>	Name	Daytime Phone Number
	<input type="checkbox"/> Same as Owner	Mailing Address
	E-mail Address	Cell Number

**3. PROPERTY INFORMATION**

Physical Address/Description:		
Subdivision Name:		
Tax Map Number:		
Current Zoning:	Total Acreage:	Acreage of Request:
Existing Land Use:		
Existing Structures:		
Proposed Utilities:	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer

\*Note: Please attach copy of tax receipt showing that taxes on the property are current.

