



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

APPLICATION FOR NON-CONFORMING ZONING VERIFICATION

It is the applicant's responsibility to submit evidence of the lawful existence of the lot, structure or use by providing the following types of information, including documentation of the date that the lot was created, structure was constructed, use/activity was commenced, and evidence of continuous existence and/or operation for each successive year. **At least two (2) pieces of the following information applicable to the request will be required, for each year of non-conforming status claimed. One of which must be an item identified by an asterisk(*).**

NON-CONFORMING ZONING VERIFICATION CHECKLIST

APPLICANT	ITEMS REQUIRED – AT LEAST 2 OF THE FOLLOWING ITEMS FOR EACH YEAR OF NONCONFORMING USE REQUESTED	STAFF
<input type="checkbox"/>	Permit Fees Due at Time of Application Submission Cash or Check made payable to "Town of Colonial Beach"	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Zoning Permit	<input type="checkbox"/>
<input type="checkbox"/>	Business License or other license(s) associated with the use(s)	<input type="checkbox"/>
<input type="checkbox"/>	Current Deed(s) applicable to the property	<input type="checkbox"/>
<input type="checkbox"/>	Lease agreement(s) containing description(s) of the property and use(s)	<input type="checkbox"/>
<input type="checkbox"/>	Tax payment record(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bills and receipts from customers/vendors, utility companies, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Sworn affidavits from persons with personal knowledge of the use(s)	<input type="checkbox"/>
<input type="checkbox"/>	Approved plats, surveys, site plans showing the property and use(s) and areas occupied by the use(s)	<input type="checkbox"/>



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NON-CONFORMING ZONING VERIFICATION

Date of Application _____

Owner, Applicant or Agent:

Name

Daytime Telephone No.

Mailing Address

E-mail Address

Fax Number

Property Information:

Tax Map Number

Mailing Address

Zoning District

Size (acres & square feet)

Describe the reason for this request in the space provided or on a separate sheet including the following:

- For non-conforming uses – Provide dates that uses began and where they occur on the property
- For non-conforming structures – Provide dates that the structure was built
- For nonconforming lots – Provide date lot was initially created (recorded date of subdivision)

Applicant Certification

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings. I further permit Town officials or any other governmental agency representatives to enter the property to ensure that the property is being used in compliance with all governmental regulations; local, state and federal and that any proffered conditions have been and continue to be implemented. I further understand that if the use is discontinued or structure is razed or altered there is only a two (2) year time limit to re-establish the use or structure. Failure to re-establish shall result in the loss of the non-conforming status.

Date

Owner or Applicant Signature

Please Print name

Do Not Write Below This Line

BUILDING/ZONING/LAND DISTURBING - ROUTING SLIP

1. ZONING

Non-conforming Request: _____

Comments/Conditions/Findings: _____

Application Fee \$ _____

Approved - Disapproved

Zoning Administrator

Date