

**TOWN OF SALTVILLE, VIRGINIA
APPLICATION FOR A ZONING PERMIT**

NO. _____

DATE

The acceptance of the permit herein applied for shall constitute an agreement to abide by all the conditions in the Zoning Ordinance, and to comply with all other ordinances of the Town of Saltville and the laws of the State of Virginia relating to the work to be done thereunder.

PERMIT TO BE ISSUED TO: Name _____

Address _____

DESCRIPTION AND LOCATION OF LOT:

Acct. No. _____ Street or Area _____

Size of lot – Frontage _____ Depth _____

Lot area _____

Lot width at setback line _____

Number of stories _____

All purposes for which structure will be used: _____

Distance of building from street line _____

Side lot line left _____

Side lot line right _____

Size of main building – Front _____

Depth _____ Height _____

Garage or other accessory building _____

Width _____ Depth _____ Height _____

Off-street parking facilities provided _____

(See Zoning Ordinance relating to permissible signs)

I hereby make oath that the above statements are true to the best of my knowledge and belief.

Signature of Applicant _____

Signature of Zoning Administrator _____