

County of Louisa
 P.O. Box 160
 Louisa, Virginia 23093
 (540) 967-3430
 Fax: (540) 967-3486



Development Permit
Zoning & Building
 (Complete the Appropriate Areas)

ZONING PERMIT #: _____

BUILDING PERMIT #: _____

Expiration Date: _____

Owner/Applicant: _____ Phone #: _____

Address: _____ E-Mail: _____

Contractor Name: _____ Phone #: _____

Contractor's Address: _____ E-Mail: _____

State License No. _____ A B C Classification _____ Expiration Date: _____

County License No. _____ Date Issued: _____ Expiration Date: _____

Tradesman Certification: _____ Date Issued: _____ Expiration Date: _____

Tax Map No. _____ Parcel No. _____ Lot No. _____ Building No. _____

Magisterial District _____ Present Acreage _____ Proposed Acreage _____

CUP/SEP _____ Variance _____ Disturbed Acreage _____

Zoning Classification _____ Subdivision _____ State Route _____

Deed Book/Page No. _____ Plat Book No. _____ Site Plan _____

Directions to Site: _____

Existing Structures on Property: _____

Class of Work:

- New Building Addition Repairs/Alteration Change of Use Other

Structure:

- Single-Family Modular Multi-Family
 Commercial/Industrial Single-wide Manufactured Home Double-wide Manufactured Home
 Agricultural Percolation Test (Certification Letter) Other

No. of Bedrooms _____ 100% Reserve Mandatory _____

Type of Water Supply: Public Private (well)

Type of Sewage Disposal: Public Private (septic tank)

Minimum lot width requirement: _____

REQUIRED SETBACKS: Front _____ Rear _____ Left Side _____ Right Side _____

PROPOSED SETBACKS: Front _____ Rear _____ Left Side _____ Right Side _____

(Front Setback is from the edge of the right-of-way.)

Acknowledged By: _____

I declare that the statements made and the information given on this Application are true, full and correct to the best of my knowledge and belief and I agree to conform to all Zoning and Building Regulations. I give my permission to the County Zoning Administrator, Building Inspector and Sanitation Officer to enter onto this property for appropriate inspection. I also acknowledge the comments made by the Zoning Administrator or designated agent and the setbacks requirements stated on this form. I further understand that the Building Inspector, Zoning Administrator or other authorized agent of Louisa County may require a foundation or physical survey for setback compliance at any time during the construction process or prior to issuance of a Certificate of Occupancy.

Signature of Owner or Authorized Agent: _____ Date: _____

Approved by Zoning Administrator or Designated Agent: _____ Date: _____

COMMENTS: _____

Foundation Survey Required Setback Certification Required

Erosion and Sediment Control: Agreement Shoreline Agreement Plan