Zoning Compliance & Setback Verification Form

COMMONWEALTH OF VIRGINIA | COUNTY OF FLUVANNA

A plat of the property must be submitted with this application
AND MUST SHOW all existing and proposed structures on site.

Owner/Applicant/Parcel Information			
Location of Parcel:			
Owner of Record:			
Address:		Tax Map and Parcel(s):	
City:	State/Zip:	Zoning:	Acreage:
Phone:	Fax:	Deed Book Reference:	
Email:		Deed Restrictions: ☐ No ☐ Yes (Attach copy)	
Applicant:		Date Lot Recorded:	
Address:		Applicable for Administrative Relief: ☐ No ☐ Yes	
City:	State/ZIP:	Number of Proposed Bedrooms:	
Phone:	Fax:	Description:	
Email:			
Note: Verification of setback distances to property lines for compliance of zoning regulations is done during the footing inspection. It is the property owner's responsibility to clearly mark all relevant property lines. Failure to verify setbacks will result in a Stop-Work Order being issued.			

Property Setbacks	
Public Right-of-Way:	
Private Right-of-Way:	
Rear Lines:	
Side Lines:	
I hereby certify that I am the Owner of Record or that the proposed work is authorized by the Owner of Record and that I have been authorized by the Owner of Record to make this application as their authorized agent and that owner and agent agree to conform to all applicable laws of this jurisdiction.	
Applicant Signature:	**Date:**

Office Use Only	
Zoning Approved:	Election District:
AOSE Permit #:	Planning District:
Approval for Septic Field (Environmental Health Specialist):	
Rejection for Septic Field (Environmental Health Specialist):	