

Dinwiddie County Planning Department
P. O. Box 70
Dinwiddie, Virginia 23841
(804) 469-4500 ext 2117 (804) 469-5322 /fax



ZONING PERMIT #: _____

Application is hereby made for a zoning permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all local and State laws and ordinances which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit. Failure to comply with applicable Local and State laws and ordinances shall be considered a violation of this zoning permit and result in the withholding of the Certificate of Occupancy, to include a Temporary Certificate of Occupancy, until such violation is corrected.

Name of Property Owner: _____

Property Owner Address: _____

Applicant's name: _____

Applicant address: _____

State type of Construction or Use: _____

Water supply: Well Septic Tank Public Water Public Sewer

Road Number or Road Name: _____

Acres in Tract: _____

NOTE: A plat showing the location of the proposed structure with front, side and rear setbacks must be submitted with this Zoning Permit. Failure to comply with the setbacks established herein shall render this Zoning Permit null and void. This permit must be presented to the Dinwiddie County Health Department or the Dinwiddie County Water Authority, as applicable, in order to receive their approval for water supply and/or sewage disposal.

I hereby certify that I have the authority to make the foregoing application; that the information given is correct and that the construction will conform with the regulation found in the Building Code, Zoning Ordinance, and private building restrictions, if any, which may be imposed upon the property by deed.

I authorize you, the merchant, to initiate an electronic debit to my account for the amount rendered on this check plus the legal limit returned check fee if the item is dishonored. The use of a check for payment is my acceptance of this policy. Signature _____

Signature of Owner or Authorized Agent, _____

Tax Map #: _____ Zoning Classification: _____ Election District _____

Setback Requirements: Front: _____ from (front property line) or (from centerline of road)
(Minimum standards): Side: _____ Rear: _____

Approved / Disapproved Date: _____

Article 22 Paragraph _____ Adopted 3/19/86

Administrator: _____