



Town of Luray
Zoning Permit Application
Application No.: _____

I, as owner or authorized agent for the property described below, do hereby certify that I have the authority to make this application for a Zoning Permit for the activity described below and as show on any attached plans or specifications, that the information provided is correct and that any construction/use will conform to the regulations of the Town's *Zoning Ordinance* and other codes of the Town of Luray, County of Page, and Commonwealth of Virginia, as applicable. This permit application authorizes the Zoning Administrator or designee to perform reasonable site inspections as required to confirm information provided and compliance with the conditions applicable to this permit. Further I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

- Application:** Site Development Property Subdivision Boundary Line Adjustment
 Rezoning Special Use Permit Zoning Variance

Applicant Information:

Applicant Name _____
 Company Name _____
 Address _____
 Phone: _____ Email: _____

Property Owner Information:

Owner Name _____
 Address _____
 Phone: _____ Email: _____

Property Information:

Site Address _____
 Page County Tax Map Number _____ Town Zoning District _____

Request Information:

Nature of Request (Describe Fully) _____

See Appropriate Application Appendix for Additional Information Required with Your Application

Signature of Applicant

Date