



TOWN OF MIDDLEBURG ZONING OCCUPANCY PERMIT

10 West Marshall Street, PO Box 187
Middleburg, Virginia 20118-0187
540-687-5152 FAX 540-687-3804

Permit # **ZO** _____

Type of Application: Occupancy

Proposed Use: _____

Change of Use

Proposed Use: _____ Sq. Ft. _____

Former Use: _____

Other Existing Uses: _____

Sq. Ft. of Other Uses: _____

Existing Off-street Parking Spaces: _____

SITE ADDRESS: _____ Parcel #: _____

Subdivision Name: _____ Lot #: _____ Lot Size: _____

Zoning District: _____ In Historic District?: Yes No

Off-street Parking: Spaces Required: _____ Spaces Provided: _____

Applicant Name(s): _____

Applicant Address: _____ Phone #: _____

Property Owner: _____ Phone #: _____

Owner Address: _____

I, as owner or authorized agent for the above-referenced parcel, do hereby request a zoning occupancy permit for the activity described herein and as shown on the attached plat and specifications. I agree to comply with the conditions of this permit and all other applicable requirements of Middleburg development regulations.

Owner signature: _____ Applicant Signature: _____

Printed Name: _____ Printed Name: _____

OFFICE USE ONLY

Date Filed: _____ Fee Amount: _____ Date Paid: _____ PERMIT #: ZO _____

Other Required Approvals or Fees Due: _____

Conditions of Approval: _____

Approved as indicated: _____ Date: _____

Zoning Administrator

**THIS PERMIT EXPIRES ONE YEAR FROM THE APPROVAL DATE
IF THE AUTHORIZED USE OR ACTIVITY IS NOT COMMENCED AS APPROVED.**