



## Town of Onancock Zoning Permit

This permit is required in all the following circumstances: New Construction, Additions or Expansions, Renovations or Remodeling, Structural Changes, Exterior Projects, Demolition, Change of Use, Signage.

There may be additional permits required depending on factors such as proximity to Resource Protection Areas, Impact on Water or Sewer Systems, or Zoning.

### Project Location

Street address:

Tax Map, Parcel ID, or GPIN:

Zoning Classification:

Current Square Feet, # of  
Bedrooms, # of Bathrooms

**Note:** Please provide a separate site plan to show the current property dimension, current building location and measurements, auxiliary building location and measurements, and setback measurements for all structures and any changes requested in this project.

### Project Description

## Property Owner Information

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Contractor Information

Firm Name: \_\_\_\_\_

Main Office No: \_\_\_\_\_

Address: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_

Cell: \_\_\_\_\_

Business License  
#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Est. Start Date: \_\_\_\_\_

Est.  
Finish  
Date: \_\_\_\_\_

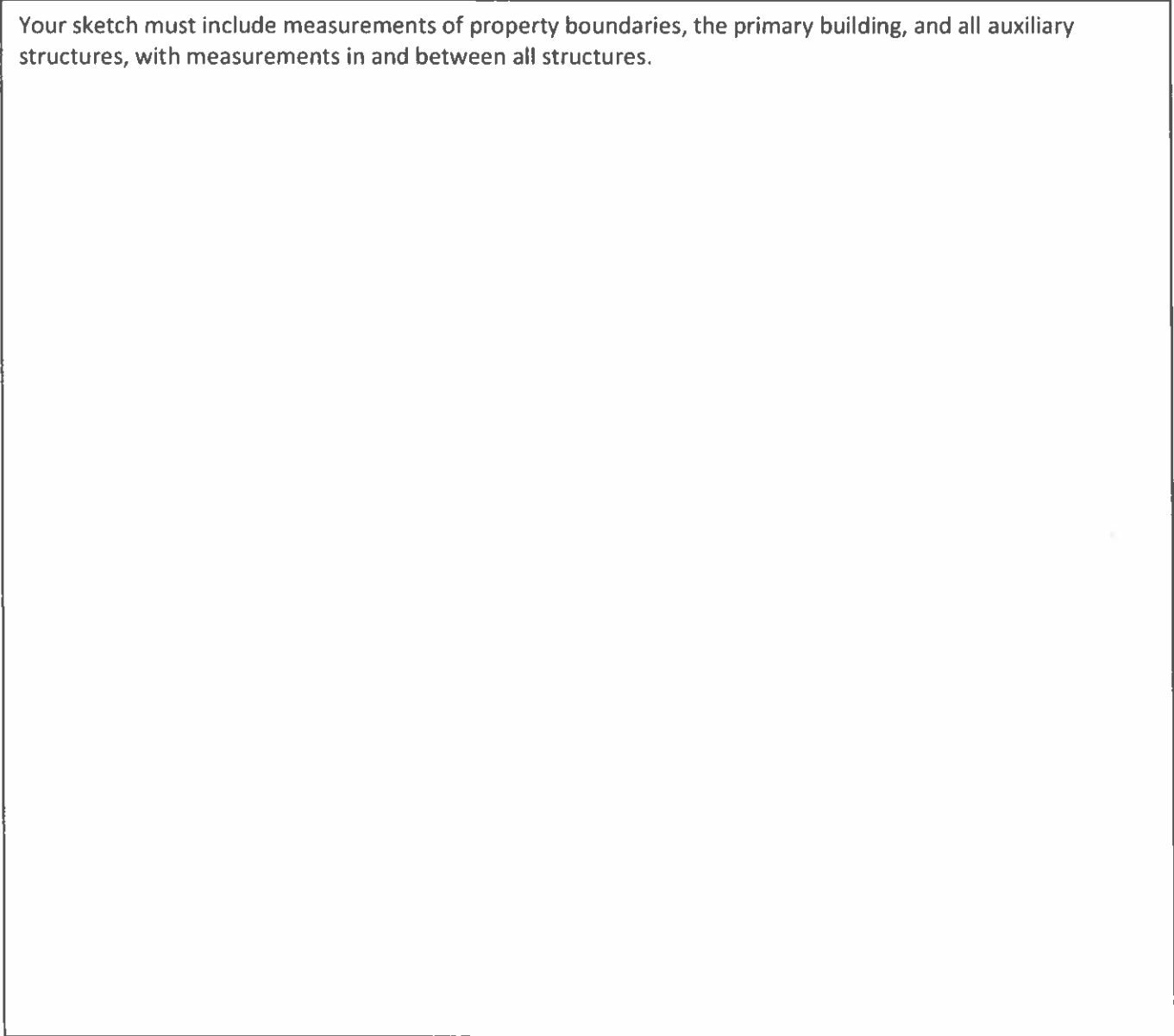
## Residency Details

Please check all the following that apply:

<input type="checkbox"/>	1	Single Family Residence
<input type="checkbox"/>	2	Multi-Unit Residence
<input type="checkbox"/>	3	Town Water Hookup
<input type="checkbox"/>	4	Town Sewer Hookup
<input type="checkbox"/>	5	At its closest point, the property line is within 100 feet of the Creek (additional permit required)
<input type="checkbox"/>	6	Will temporarily affect traffic
<input type="checkbox"/>	7	Will call for Dig Safe

**Sketch and Measurements of the Project**

Your sketch must include measurements of property boundaries, the primary building, and all auxiliary structures, with measurements in and between all structures.



**Applicant Signature**

Applicant Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**For Town Use ONLY:**

**Permit Approval**

I, \_\_\_\_\_, certify that the application and its submittals have been reviewed against current code and field verified and I approve the application for Accomack County to begin its building permit and inspection process.

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

**Permit Denial**

I, \_\_\_\_\_, certify that the application and its submittals have been reviewed against current code and field verified and I deny the application for the reasons detailed below.

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Conditions: