



**Town of Tazewell**

P.O. Box 608  
 Tazewell, Virginia 24651  
 Telephone: (276) 988-2501  
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 Website: [www.townoftazewell.org](http://www.townoftazewell.org)

**Fees : ZONING PERMIT ONLY ( ) \$20.00**

**BUILDING PERMIT ( ) VARIES PER JOB**

**Zoning-Building Permit Application**

<b>APPLICANT</b>	NAME		
	ADDRESS		
			PHONE
	EMAIL		
	DPOR LICENSE #		
<b>PROPERTY INFO</b>	OWNER		
	ADDRESS		
	Zoning:	Cost Est. \$	Parcel Id #
<b>PERMIT REQUEST INFO</b>	<b>TYPE OF REQUEST</b> (check one) <input type="checkbox"/> Special Exception Permit (23-101) <input type="checkbox"/> Non-Conforming Use Permit (23-78) <input type="checkbox"/> New Residential <input type="checkbox"/> Residential Addition <input type="checkbox"/> Residential Accessory <input type="checkbox"/> New Commerical <input type="checkbox"/> Commerical Addition <input type="checkbox"/> Commerical Sign (23-93) <input type="checkbox"/> Demo/ Removal of Structure <input type="checkbox"/> Electrical Install/Upgrade <input type="checkbox"/> A/C Install/Upgrade <input type="checkbox"/> Fence/Storage Building <input type="checkbox"/> Remodel <input type="checkbox"/> Other _____	<b>TYPE OF USE</b> (check one) <input type="checkbox"/> Apartment (VCC 310.4) <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Two / Multiple Dwelling ( VCC 310.5) <input type="checkbox"/> Rooming, B&B, Tourist Homes <input type="checkbox"/> General Hospitals (VCC 308.4) <input type="checkbox"/> Medical Facility (VCC 304.1) <input type="checkbox"/> Auto & Home Service <input type="checkbox"/> Bakery/Restaurant/Deli <input type="checkbox"/> Retail Store (VCC 309.1) <input type="checkbox"/> Barber/Beauty Shop <input type="checkbox"/> Behavioral Health & Development (VA Code 37.2-406) <input type="checkbox"/> Hotel/ Motel (VCC 310.3) <input type="checkbox"/> School/ Daycare (VCC 305.1)	Dimensions of Lot _____ Size of Structure _____ Min Front Yard Depth _____ Minimum Side Yard Width _____ Minimum Rear Yard Depth _____ Setback _____
	<b>Scope of Work:</b>		
<b>CONTRACTOR INFO</b>  <input type="checkbox"/> Same as Applicant  <input type="checkbox"/> Business License	NAME		
	ADDRESS		
	PHONE		
	EMAIL		
	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO		APPROVAL DATE
	APPROVAL SIGNATURE		EXPIRATION DATE
	By signing below, I certify that the information provided on this application is true and that I am the current property owner of record or an authorized representative. I do also hereby authorize Town of Tazewell staff on official business to enter onto the subject property as necessary to process the application.		
_____	_____	_____	
Print Name of Applicant/Owner	Signature of Applicant/Owner	Date of Application	