

## **TOWN OF MIDDLEBURG**

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

Application #	ZO	
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## **ZONING OCCUPANCY PERMIT**

Proposed Use	:	Size (sq. ft.) of occupancy:	
If applicable:	Business Name:		
	Former Use:		
	Other Existing Uses:	Size (sq. ft.) of other uses:	_
Site Address:		Parcel #:	
Subdivision Na	ame:	Lot #: Lot Size:	
Zoning Distric	t: In Historic District?: 🖵	Yes No # Off-street Parking spaces/ required provide	
Applicant Nan	ne:	Phone #:	
Mailing Addre	ess:	9	
	-		
Prop. Owner N	Name:	Phone #:	
Mailing Addre	ess:	email:	
the activity deconditions of the	scribed herein and as shown on the at his permit and all other applicable requi	e-referenced parcel, do hereby request a zoning occupancy perm ittached plat, plan and/or specifications. I agree to comply with irements of Middleburg development regulations:  Applicant Signature:	h the
		Printed Name:	
	OI	PFFICE USE ONLY	
Date Filed:	Fee amount:		
Other Require	ed Approvals or Fees Due:		_
Conditions of	Approval:		_
Approved:		Date:	_
		ONE YEAR FROM THE APPROVAL DATE ACTIVITY IS NOT COMMENCED AS APPROVED.	