

Town of Wakefield

Brian M. Laine, Mayor

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Council Members
O. E. Parker, III, President
Frances Chambers
Michael W. Kessinger
Dennis P. Mason
Darlene Whiting
Brian K. Wills

ZONING PERMIT APPLICATION

Name of Applicant _____

Mailing Address _____

Email _____

Property Location Address _____

Phone Number _____

Signature of Applicant _____

Property Owner if not Applicant _____

Property Owner Mailing Address _____

Property Owner Email _____

Property Owner Phone Number _____

Property Owner Phone Number _____

Signature of Property Owner if not Applicant _____

- Attach or draw below a diagram of location including lot dimensions and the proposed site of structure
 - ****Copy of Sussex property plat required to be submitted with application****
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Manufactured Home (Single Wide MH see special policies)/Building/Other Structure or Modification

Dimensions _____ x _____ Identification# _____

Make _____ Model _____

Proposed Yard Setbacks: Area _____ Sq. Ft.

Front Yard SB _____ Ft. Side Yard SB _____ Ft.

Rear Yard SB _____ Ft. Corner Yard SB _____ Ft.

I understand that Lot Size Standards as well as Yard and Set Back Standards must be conformed to and it is my responsibility to make sure that all standards are met in accordance with the Town of Wakefield Zoning Ordinance. Furthermore, it shall be my responsibility to correct any construction or activity that does not meet the standards of the Zoning Ordinance of the Town of Wakefield.

Applicant Signature: _____ Date _____

Property Owner Signature: _____ Date _____

OFFICIAL USE

Zoning District _____

Requirements Met: Area _____ Sq. Ft.

Front SB _____ Ft. Side SB _____ Ft.

Rear SB _____ Ft. Corner SB _____ Ft.

Special Provisions _____

Signature of Town Official Date _____ Date _____