

ZONING FORM APPLICATION (SEPTIC)



Planning & Community Development Office

120 East Court Street

Rocky Mount, Virginia 24151

DATE: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

DAY TIME PHONE #: _____ CELL PHONE #: _____

TAX MAP & PARCEL #: _____ ZONING: _____ DISTRICT: _____

SUBDIVISION NAME AND LOT #: _____

DIRECTIONS TO PROPERTY FROM ROCKY MOUNT:

PURCHASER'S NAME: _____

MAILING ADDRESS: _____

DAY TIME PHONE #: _____ CELL PHONE #: _____

DESCRIPTION OF USE: _____

IF BUSINESS, HOW MANY EMPLOYEES: _____

NUMBER OF BEDROOMS PERKING FOR: _____

WILL THIS BE THE ONLY HOME ON THE PROPERTY? YES NO

IF NO, HOW MANY HOME ARE CURRENTLY ON THE PROPERTY? _____

PLEASE PRINT YOUR NAME: _____

PLEASE SIGN YOUR NAME: _____