



# TOWN OF MIDDLEBURG ZONING OCCUPANCY PERMIT

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



Permit # **ZO** \_\_\_\_\_

Type of Application:  Occupancy

Proposed Use: \_\_\_\_\_

Change of Use

Proposed Use: \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Former Use: \_\_\_\_\_

Other Existing Uses: \_\_\_\_\_

Sq. Ft. of Other Uses: \_\_\_\_\_

Existing Off-street Parking Spaces: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Zoning District: \_\_\_\_\_ In Historic District?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Off-street Parking: Spaces Required: \_\_\_\_\_ Spaces Provided: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I, as owner or authorized agent for the above-referenced parcel, do hereby request a zoning occupancy permit for the activity described herein and as shown on the attached plat and specifications. I agree to comply with the conditions of this permit and all other applicable requirements of Middleburg development regulations.

Owner signature: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

### OFFICE USE ONLY

Date Filed: \_\_\_\_\_ Fee Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ PERMIT #: ZO \_\_\_\_\_

Other Required Approvals or Fees Due: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

Approved as indicated: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator

**THIS PERMIT EXPIRES ONE YEAR FROM THE APPROVAL DATE  
IF THE AUTHORIZED USE OR ACTIVITY IS NOT COMMENCED AS APPROVED.**