



P.O. Box 209 | 6 East Pennsylvania Avenue
 Lovettsville, VA 20180
 (540) 822-5788

Occupancy Permit Application

Property Owner's Name: _____ **Fee: \$75**

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Owner's Representative (If Applicable): _____

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Subject Parcel Information:

Location (Street Address) _____ Lot Number _____

PIN (Property Identification Number) _____ Zoning District _____

NOTE: Please be aware that all Loudoun County Inspections must be completed before the Town will sign the Occupancy Permit. The Town requires 3 to 5 days to complete the zoning inspection.

I hereby certify that this application in all its parts, including the accompanying development plan proposal, is complete, correct and in compliance with the applicable Town of Lovettsville Ordinances, to the best of my knowledge. I acknowledge responsibility for all engineering, legal, zoning and planning review fees incurred by the Town in connection with the review of this application, and all outstanding debts owed to the Town of Lovettsville and Loudoun County have been paid prior to filing this application.

_____ Signature of Property Owner or Owner's Representative	_____ Print Name of Property Owner or Owner's Representative	_____ Date
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Zoning Inspection Checklist *(Office Use Only)*

- | | |
|---|---|
| <input type="checkbox"/> Conditions of the approved Site Plan are met (including building setbacks) | <input type="checkbox"/> Size & Availability of Parking Spaces |
| <input type="checkbox"/> Plantings/Landscaping completed | <input type="checkbox"/> Paving Requirements are met |
| <input type="checkbox"/> Placement of Mailbox (not hanging over street) | <input type="checkbox"/> Lateral Inspection Report has been submitted by Loudoun Water |
| <input type="checkbox"/> Placement of House Number (visible from street) | <input type="checkbox"/> Wall Check has been submitted & approved by Zoning Administrator |
| <input type="checkbox"/> Water Meter Installed & Accessible for Meter Readings | |
| <input type="checkbox"/> Location Plan is submitted | |

Approved by the Zoning Administrator: _____ Date: _____

Denied by the Zoning Administrator: _____ Date: _____

➤ **(If Denied, Please Resubmit New Application & Fee)**

NOTES:

Date Application Received _____ Application Complete _____ Application Fee Paid _____

Loudoun County Personal Property Taxes Paid _____ All Fees/Taxes Owed to Town Have Been Paid (Including Auto Decal) _____