



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

# Zoning Certificate (Certificate of Zoning Compliance)

Property Owner's Name: \_\_\_\_\_

**Fee: \$75**

Address (Mailing) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Tenant Name (as applicable): \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

### Subject Parcel Information:

Street Address: \_\_\_\_\_

PIN (Property Identification Number): \_\_\_\_\_

Lot Size (sq. ft.): \_\_\_\_\_ Existing number of parking spaces on site (delineated): \_\_\_\_\_

Zoning District (e. g., C-1): \_\_\_\_\_

### Description of Zoning Certification Request (attach additional sheets if necessary)

A) Describe the current or previous (within the past two (2) years) use/activity on the site (include land area and/or gross floor area (in sq. ft.) of existing use and/or structure):

B) Proposed use/activity and any proposed changes or improvements to existing structures or the subject property (e.g. change in the tenant occupying a commercial building from a retail bakery to a specialty food or beverage store):

C) Total land area and/or gross floor area (in sq. ft.) of proposed use/activity and/or change to any structure(s) on the site. Please include the area for all proposed indoor and outdoor uses and activities. (List separately if more than one):

D) Other (please describe on a separate sheet the zoning information for which this certification is being requested):

I hereby certify that I am the property owner and 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. I agree that all outstanding debts owed to the Town of Lovettsville and Loudoun County must be paid prior to filing this application. If I am the tenant I will provide the owner's signature on this form.

Signature of Property Owner(s) AND Tenant	Printed Name of Property Owner(s) AND Tenant	Date

ZA Certification Notes:

### -----Office Use Only-----

Date Application Received \_\_\_\_\_ Application Complete \_\_\_\_\_ Application Fee Paid \_\_\_\_\_ Real Estate Taxes Paid \_\_\_\_\_

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

ADD. NOTES OR CONDITIONS ATTACHED?  Yes  No DATE OF CORRESPONDENCE CONTAINING NOTES/CONDITIONS: \_\_\_\_\_

APPROVED:  Yes  No

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ZONING ADMINISTRATOR

\_\_\_\_\_  
(PRINT NAME)