APPLICATION:

CASE NO:

ZONING ADMINISTRATOR DETERMINATION REQUEST

Town of Remington
Town Hall
105 East Main Street
Remington, Virginia 22734

Telephone: 540- 439-3220

Print Clear

Instructions:

Complete this application. There is a $100 nonrefundable fee which must be submitted with the application. Check should be made payable to "Treasurer, Town of Remington." A separate application must be completed for each parcel of record if you are requesting research on more than one parcel.

PARCEL TO BE RESEARCHED:

Parcel ID Number (PIN): _____

Parcel Address: _____

Name of Parcel Owner: _____

REQUESTER INFORMATION:

_____
Name

_____
Address

_____
City **State** **Zip**

Phone Number: _____

Email Address:

_____

_____
Signature of Requester **Date**

ZONING DETERMINATION REQUEST

(Attach all deeds/plats/surveys.)

ZONING: _____
ACREAGE: _____
FLOODPLAIN: _____
FRONT SETBACK:_____
SIDE SETBACKS: _____
REAR SETBACK: _____
YEAR STRUCTURE CONSTRUCTED:_____
CURRENT USE OF PROPERTY:
_____

Please attach a statement indicating your specific request. Additional information may be requested in order to provide an accurate and complete answer. The responsibility for providing information rests with the requester.

For office use:

Date Received:_____

Application complete:_____

Additional information requested:_____
_____
_____
_____

Response provided:_____