

FOR OFFICE USE ONLY

Fee Amount \$ _____ Date Paid _____ By who? _____ Receipt # _____ Ck# _____ By: _____

Application for Letter of Zoning Compliance



Letter of Zoning Compliance = \$199

LZC# _____

Date of Application: _____

Tax map and parcel: _____ Zoning: _____

Acreage: _____ Total _____ (Each Parcel)

Physical Street Address (if assigned): _____

Location of property (landmarks, intersections, or other): _____

Contact Person (Who should we call/write concerning this project?): _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Owner of Record _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Applicant (Who is the Contact person representing?): _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Submittal Requirements

- 1) Approved/Recorded plat/plan. (*If Applicable*)
- 2) Sample letter stating information lending institution or other party needs.
- 3) DMV Form for automobile dealers

Signature of Applicant

Date

**County of Albemarle Department of Community Development
401 McIntire Road Charlottesville, VA 22902 Voice: (434) 296-5832 Fax: (434) 972-4126**