

CITY OF WARRENTON - PLANNING DEPARTMENT

ZONING COMPLIANCE LETTER

NOTE: Applicant must complete Section 1 and submit the appropriate fee for review by the City of Warrenton staff. Staff will determine if a scaled plot plan (examples are available) is required for the requested review by the applicant/property owner/developer/contractor.

I. APPLICANT/PROPERTY OWNER:

Applicant: _____ Phone: _____

Mailing Address: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Contractor: _____ Phone: _____

II. PROPERTY INFORMATION:

Site Address: _____ Nearest Cross Street: _____

Township 8, Range 10, Section _____, Tax Lot # _____

Date Current Owner took Ownership of above Tax Lot _____

Current use of property: _____

Improvements on property: ___ septic ___ city sewer ___ well ___ city water
accessory structure(s) ___ no ___ yes
if yes, type, size, and number of accessory structure(s) _____

Proposed Improvement(s): _____

Proposed Height of structure(s) _____

III. PLANNING DEPARTMENT INFORMATION:

Zoning: _____ Estuary Zoning: _____ Wetlands: ___ Significant ___ Non-Sig.

Floodplain_____

Pre-elevation Certificate required: () Yes () No

Post-elevation Certificate required: () Yes () No

Floodway_____

Proposed Setbacks: Structure(s) - Front _____ Rear _____ Sides _____ Corner _____
Riparian _____

Required Setbacks: Structure(s) - Front _____ Rear _____ Sides _____ Corner _____
Riparian _____

Lot Size_____ Acceptable? () Yes () No

Lot Width _____ Acceptable? () Yes () No

Lot Depth_____ Acceptable? () Yes () No

Lot Coverage_____ % Acceptable? () Yes () No

Density_____ (d.u./lot size) Acceptable? () Yes () No

Pitch and roofing material compatible with dwelling? () Yes () No () N/A

Color and siding similar to the dwelling? () Yes () No () N/A

Manufactured dwelling comply with standards in WDC Section 3.13? () Yes () No () N/A

I HEREBY CERTIFY THAT, TO MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT.

Applicant Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____

Staff Comments: _____

STAFF ONLY

Staff signature: _____

Date: _____