



**COUNTY OF HALIFAX  
APPLICATION FOR ZONING PERMIT**

Revised 5.2022

**1050 Mary Bethune Street  
P. O. Box 699, Halifax, VA 24558  
Phone: (434) 476-3300 Fax: (434) 476-3384  
Completed applications may be emailed to  
Nancy Kamp - ntk@co.halifax.va.us OR  
Linda Younger - lfy@co.halifax.va.us**

Name (LAST/FIRST, MIDDLE INITIAL): \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lot Size (acres): \_\_\_\_\_

Proposed construction (check one below):

Stick built

Modular

Addition

Mobile Home

Other

Large empty rectangular box for sketching buildings, additions, and property lines.

Requesting 911 Address  
(If requesting a 911 address, sketch location of driveway as it relates to structure location)

In the space provided at left, sketch all the buildings, additions, and property lines.  
Show the distance to all property lines and roads.

CERTIFICATION  
I hereby certify that the description of the land and the buildings is accurate to the best of my knowledge.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

**THIS SECTION FOR OFFICE USE ONLY**

HEALTH DEPARTMENT PERMIT NO.: \_\_\_\_\_ ZONING: \_\_\_\_\_

VDOT ROAD PIPE PERMIT NO.: \_\_\_\_\_

PARCEL ID (PRN): \_\_\_\_\_ ELECTION DISTRICT: \_\_\_\_\_

SETBACKS: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_

EXISTING/NEW 911 ADDRESSES: \_\_\_\_\_

BUILDING/ZONING PERMIT NO.: \_\_\_\_\_ APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

\_\_\_\_\_  
ZONING ADMINISTRATOR

\_\_\_\_\_  
DATE