



**COUNTY OF HALIFAX  
APPLICATION FOR ZONING PERMIT  
AGRICULTURE USE ONLY**

Revised 7.2022

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 Linda Younger  
[ntk@co.halifax.va.us](mailto:ntk@co.halifax.va.us) or [lfy@co.halifax.va.us](mailto:lfy@co.halifax.va.us)

FEE: \$50.00

CASH   
CHECK

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

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

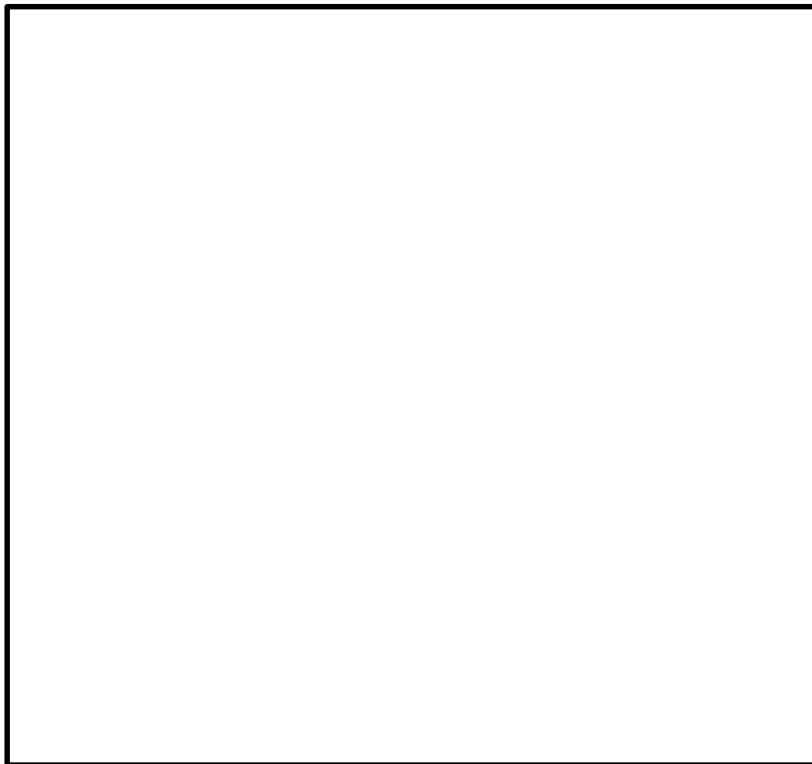
Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

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

Directions:

\_\_\_\_\_  
\_\_\_\_\_



Requesting 911 Address

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

Farm Service number: \_\_\_\_\_  
(This can be obtained from Farm Service Center by calling 434-476-6558)

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