



**COUNTY OF HALIFAX
APPLICATION FOR ZONING PERMIT**

Revised 1.2026

**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
Alisa Coleman - avc@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

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