

TOWN OF FLOYD
PO Box 27, FLOYD, VA 24091
203 E Oxford St., Floyd (Physical Address)
540-745-2565 540-745-6073 - fax

SIGN/CONDITIONAL USE PERMIT APPLICATION

APPLICATION FOR: _____ **SIGN** _____ **Sign Conditional Use Permit**

Landowner: _____

Business: _____

Address: _____

Agent (if applicable) _____

Address: _____

Phone: _____

Fax: _____

Phone: _____

Email: _____

Fax: _____

Email: _____

PROPERTY INFORMATION:

Location of Property: _____

Legal Record of Property: Deed Book Number _____ Page Number _____

 Tax Parcel Number(s) _____

SIGN (If applying for sign permit, complete the following.)

Zoning Classification _____

Desired Sign Size _____

Desired Location _____

SIGN CONDITIONAL USE PERMIT (If applying for sign conditional use permit, complete the following.)

Zoning Classification _____

Conditional Use Desired _____

I am requesting a Conditional Use Permit to allow:

Please check off the information you have submitted for a Conditional Use Permit:

_____ Application Form

_____ List of adjoining property owners with their addresses and tax parcel numbers

_____ Map or Sketch of Property with the following: Property boundaries including adjacent properties, existing zoning, land use and structures, proposed structures and/or signs.

_____ Appropriate Fee

_____ Sign Fee \$ _____

_____ Conditional Use Permit Fee \$ _____

_____ Annual Renewal Fee \$ _____ & conditions (to be attached)

I certify that the information supplied on this application and any attachments is accurate and true to the best of my knowledge. In addition, I hereby grant permission to the agents and employees of the Town of Floyd and State of Virginia to enter the above property for the purposes of processing and reviewing the above application.

I understand that Conditions may be placed on my property in regards to the above-mentioned use/activity. I also understand that Conditional Use Permit may be revoked and/or additional Conditional Use Permits required should questions regarding conformity arise.

Signature of Landowner(s): _____ Date: _____

_____ Date: _____

Signature of Tenant(s): _____ Date: _____

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This request was approved / disapproved by a vote of the Floyd Town Council or by the Town of Floyd Zoning Administrator on _____.

Any Conditions attached shall be considered requirements of the above request.

Andrew C. Morris, Zoning Administrator

Date

