

County of Giles
Planning & Zoning Department
315 North Main Street

Pearisburg, VA 24134 Phone: (540) 921-2525 Fax: (540) 921-1329

Арр	lication for Certificate	of Zoning Compliance
Applicant		Property Owner
Name:		ne:
Phone: 0		ne: 0
Mailing Address:		ling Address:
E-mail:		nail:
Project Information	<u>'</u>	
Proposed Use:		
Zoning District:		
Magisterial District:		
Acreage: Area of Land		sturbing Activity:
ax Map Number(s): Floodplain: Yes No		Yes No
Project Description:		1-7-1-1-2 World 1-35 T-31-31
Property Location:		
Minimum Requirements for Submittal		
1. Application Materials as required by the Zoning Ordinance.		
2. Recorded deed and plat show		p, if available. cks made payable to Giles County.
Disclaimer: Giles County assumes i	o legal or financial liabiltiy t	o the applicant or any third party whatsoever by
approving the plans associated with this permit. I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of		
the subject property. As applicable, I		
Property Owner Signature:		Date:
Applicant Signature:		Date: