



**COUNTY OF CHARLES CITY, VA  
SETBACK APPLICATION  
FOR BUILDING EXEMPT STRUCTURES**

DEPARTMENT OF PUBLIC SAFETY & CODE COMPLIANCE  
OFFICE OF THE BUILDING OFFICIAL  
10900 COURTHOUSE ROAD  
P.O. BOX 128  
CHARLES CITY, VA 23030  
(804) 652-4727 FAX (804) 829-5819

PERMIT TO \_\_\_\_\_  
DESCRIPTION OF WORK TO BE PERFORMED (PLEASE PRINT ALL REQUIRED INFORMATION)

ESTIMATED TOTAL PROJECT COST \$ \_\_\_\_\_

**A Site Plan Must Accompany This Application**

**PLEASE NOTE:** With ALL REQUIRED information, please allow a **Minimum of 5 Business Days**

For your application **to be processed**

**NO WORK SHALL BEGIN UNTIL THE ACTUAL APPROVAL HAS BEEN GIVEN**

**PROPERTY INFORMATION**

Number	Street Name	Type	Apt.	Zip	Parcel Number	Zoning
Subdivision		Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)		Deed Book & Page or Instrument#	

**PROPERTY OWNER INFORMATION**

First Name		Last Name or Business Name			Phone	
Number	Street Name	City		State	Zip	

**APPLICANT INFORMATION**

First Name		Last Name or Business Name			Phone	
Number	Street Name	City		State	Zip	

**SETBACK APPLICATION INFORMATION**

	NO. FEET
Frontage	
Front Setback	
Rear Setback	
Left Setback	
Right Setback	
Height of Dwelling	
Height of Accessory Building	

I, THE UNDERSIGNED GIVE FULL PERMISSION FOR THE ZONING OFFICIAL, HIS DESIGNATED AGENT OR ANY ASSOCIATES OF HIS OFFICE TO MAKE ANY AND REQUIRED AND DESIRED INSPECTIONS IN CONNECTION WITH THIS APPLICATION.

\_\_\_\_\_  
SIGNATURE OF THE OWNER/APPLICANT OR DESIGNATED AGENT

FOR ZONING OFFICIAL USE ONLY

Setback Application Number _____	Zoning Setback Permit – ZSP: \$ _____
Received By: _____	
Approved: _____	TOTAL FEE \$ _____