



CITY OF BUENA VISTA

Zoning Verification for Change of Use

CITY OF BUENA VISTA
 Community & Economic Development
 2039 Sycamore Avenue
 Buena Vista VA 24416

Submission Date: _____

Fee: \$15.00

APPLICANT INFORMATION

Name:						
Address:						
City:		State:		Zip:		
Email:				Phone:		

PROPERTY OWNER INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

PHYSICAL LOCATION OF PROPERTY

Address:					
If none, describe location:					
Tax Map Number:		Zoning:			

DESCRIPTION OF USE

Zoning Code Reference:

ADDITIONAL INFORMATION

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APPLICANT SIGNATURE

Printed Name:		Title:	
Signature:		Date:	
Zoning Administrator:		Date:	
Staff Comments:			

Completed form must be approved by Zoning Administrator prior to commencement of use. Submit form by email to troberts@bvcity.org or in person/by mail at City of Buena Vista, 2039 Sycamore Ave, Buena Vista VA 24416.