

Application for Historic District Review

Town of Cape Charles
2 Plum Street
Cape Charles, VA 23310
757-331-2036 Fax: 757-331-4820
planner@capecharles.org

Date: _____

Permit No.: _____

* Please attach checklist items

Fee: \$100.00

Modification Fee: \$50.00

Special Meeting Fee: \$125.00

Applicant: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Owner(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Contractor: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Town License No.: _____ State License No.: _____

Location of Improvement: _____

Lot No.: _____ Block No.: _____ Lot Size: _____ Lot Area: _____

Type of Improvement: _____

Proposed Use: _____

Estimated Construction Costs: _____

Dimension of Structure or Improvement:

Width: _____ Length: _____ Height: _____

Total Square Footage: _____

Structure of Improvement will be set back:

_____ from front property line
_____ from side property line
_____ from side property line on corner lot
_____ from rear property line
_____ from alley

Town Water Permit: _____

Town Sewer Permit: _____

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Applicant Checklist:

These items must be submitted to the Town Planner no later than 14 days prior to the Historic District Review Board meeting. The Historic District Review Board meets the third Tuesday of each month.

- Completed signed application
- Application fee payable to "Town of Cape Charles"
- Site plan for any project proposing to alter the principal or accessory building footprint
- Scale drawings drawn to an appropriate scale of the site depicting the affected property and all buildings/structures
- Photos of existing/current structure
- Photos illustrating proposed project
- Material list (if applicable) including building materials, product descriptions and specifications

CERTIFICATION OF APPLICANT

I hereby certify that I have the authority to make the foregoing application, that the information given is true and correct, and that the construction or improvements will conform to the regulations in the Virginia Statewide Building Code, all pertinent Town Ordinances, including fire, sewer, and water ordinances, and private building restrictions, if any, which may be imposed on the property by deed. Furthermore, I certify that the changes to the improvement before or during construction will be provided to the Zoning Administrator and Building Official before such changes are constructed.

I understand that delinquent real estate taxes must be paid before any permits will be issued per Cape Charles Town Code Sec. 66-4.

I understand during the required thirty (30) day appeal period no plans will be reviewed, nor will permit applications be accepted per the Cape Charles Zoning Ordinance Article VIII, Section 8.34.

I acknowledge that I have received the checklist of items to be submitted to the Town Planner for Historic District Review Board review. Failure to comply could result in delayed application review.

Signature of Owner/Contractor: _____