



Department of Community Development
777 Lynn Street
Herndon, Virginia 20170-4602

APPLICATION FOR A ZONING INSPECTION PERMIT FOR BED AND BREAKFAST ESTABLISHMENTS

Submittal of this form with original signatures is required. PLEASE PRINT OR TYPE (Unless otherwise indicated.)

Business Name: _____

Address of the Subject Property (including suite #): _____

Description of the Proposed Use: _____

Are any site alterations or any alterations to the building's exterior or interior planned or underway in connection with this use (or were any alterations done)? [] No [] Yes Please describe :

Name and Title of Business Owner (Applicant): _____

Mailing Address : _____

E-mail address Telephone # FAX #

The undersigned hereby applies for a Zoning Inspection Permit for a Bed and Breakfast Establishment under the provisions of § 78-202.9 and § 78-402.7(d) of the Herndon Town Code.

I hereby affirm and certify that:

- The information provided on this form is true and correct to the best of my knowledge.
The requirements associated with this application have been read and are understood.
The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.

Signature of Business Owner (Applicant) Date

Name and Title of Property Owner or Agent: _____

Mailing Address of Property Owner or Agent: _____

E-mail address Telephone FAX #

**APPLICATION FOR A ZONING INSPECTION PERMIT FOR BED AND BREAKFAST
ESTABLISHMENTS - continued**

Date of Approval of the Special Exception by the Town Council: _____

Date of issuance of Certificate of Occupancy by the Building Official: _____

Date(s) of Site Inspection(s): _____

Signature and Authorization of Zoning Administrator

Date

TO BE SUBMITTED WITH THIS APPLICATION

_____ A statement from the landowner(s) authorizing an agent to act on their behalf (if applicable);

_____ A receipt or other documentation indicating that taxes have been paid on lands subject to the application (may be obtained when application is filed);

_____ Application fee;

_____ Fees for review and inspection (where applicable - See User Guide #23, *Fee Schedule*).

For Office Use Only:

Application Received by:	Date:
Tax Map Reference:	Zoning District:
Business and Occupational License #:	Status of Taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent

**Distribution
after
approval:**

Applicant

Community
Development

Fire
Department

Finance