



Martinsville
A CITY WITHOUT LIMITS

**COMMUNITY DEVELOPMENT
ZONING REVIEW APPLICATION**

Applicant: _____	Zoning: _____
Address: (of home business) _____ _____	Mailing address: (if other than home) _____ _____
Business Phone: _____	Home Phone: _____
Description of Work (use additional sheet for visual description): _____ _____	

By signing below, I hereby acknowledge that I have read, understand, and agree to the Zoning Ordinance for the above intended use:

Print Name: _____

Date: _____

Applicant Signature: _____

Approved: _____

Date: _____

Title: _____

Denied: _____

Date: _____

Title: _____

Reason: _____

Revoked: _____

Date: _____

Title: _____

Reason: _____

Effective June 2019

Community Development • City of Martinsville • 55 W Church St. • Martinsville, VA 24114 • 276-403-5156

Visual Description of Proposed Work:

(Use the below section to sketch proposed structure, use, etc.)

