



# HARBOR DEVELOPMENT CERTIFICATE APPLICATION

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

**PERMIT CHECKLIST** - all documents can be emailed to the above email

- |   |  |
|---|--|
| <input type="checkbox"/> Completed application                        | <input type="checkbox"/> Photos/elevations of existing structure |
| <input type="checkbox"/> Letter of intent clearly explaining project  | <input type="checkbox"/> Photos/elevations of proposed project   |
| <input type="checkbox"/> Existing site plan or survey                 | <input type="checkbox"/> Proposed materials list                 |
| <input type="checkbox"/> Proposed site plan or survey (if applicable) | <input type="checkbox"/> Payment of fees (\$300 + \$70/acre)     |

## PROPERTY INFORMATION

Name of Project: \_\_\_\_\_

Property Address: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Current Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

## OWNER INFORMATION

Name and Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## APPLICANT INFORMATION

check here if applicant is owner

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*\*\*

### 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_