



TOWN OF SMITHFIELD

310 Institute Street, P. O. Box 246, Smithfield, VA 23431
(757) 365-4200 - Fax (757)357-9933

ENTRANCE CORRIDOR OVERLAY (ECO) APPLICATION

Date of Application _____ Date of Meeting _____

In accordance with Article 3.R of the Zoning Ordinance, this application must be completed and all materials as requested below must be submitted to the town at least 21 days before the regularly scheduled Planning Commission (PC) meeting. If any new materials are submitted at the meeting, then the PC may table the application. The PC meets the 2nd Tuesday of the month (unless otherwise noted) **at 6:30 pm in conference rooms A&B at the Smithfield Center, 220 North Church Street.** The applicant's, or their representative's, presence is requested at the meeting.

Project Address: _____ Tax Parcel ID# (TPIN): _____

Owner: _____

Owner Address: _____

Owner Phone: _____ Owner Email: _____

Applicant: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> New Commercial Structure | <input type="checkbox"/> Siding Change |
| <input type="checkbox"/> New Accessory Structure | <input type="checkbox"/> Roof Change |
| <input type="checkbox"/> New Fence | <input type="checkbox"/> Window Change |
| <input type="checkbox"/> New Shed | <input type="checkbox"/> Color/ Paint Change |
| <input type="checkbox"/> Addition to Existing Building | <input type="checkbox"/> Lighting Change |
| <input type="checkbox"/> Parking Lot Alterations | <input type="checkbox"/> Sign |

Project Description: _____

Attach additional sheets if necessary.

Please submit roof, siding, brick, and color samples; window details; elevations of the structure; site plan/ survey, height of structure (if applicable), colored drawings (drawn to scale), refer to Article 10 of the Zoning Ordinance for sign regulations.

DECLARATION OF CONSENT:

By signing below, the property owner/applicant/agent consents to entry upon the subject property by public officers, employees, and agents of the Town of Smithfield to view the site for purposes of processing, evaluating or deciding this application.

Name: (printed or typed) _____

Name: (signature) _____