



TOWN OF IRVINGTON OCCUPANCY TAX MONTHLY REPORT

Please indicate the month

JAN FEB MAR APR MAY JUN JULY AUG SEPT OCT NOV DEC

1. Total lodging charges subject to tax \$ _____
2. Tax remitted on your behalf from: Online platform/intermediary

| | | |
|-------------|-------------------|----------------------------|
| Platform(s) | \$ Gross Receipts | \$ Tax paid on your behalf |
|-------------|-------------------|----------------------------|
3. Complete this line: Bed & Breakfast \$ _____
4. Tax on Lodging 4% of line 1 \$ _____
5. Penalty – 10% \$ _____
6. Interest \$ _____
7. Total Amount Due \$ _____
8. Total Amount Due if After Due Date \$ _____

I hereby swear or affirm that the amounts listed above are true, correct and complete to the best of my knowledge and belief for the period stated above.

| | | |
|---------------------------------------|-------|-------|
| Signature | Title | Date |
| Address if other than rental property | Phone | Email |

INSTRUCTIONS: Mail original copy with check payable to the Town of Irvington on/or before the 20th day of the month following the month being reported:

Town Clerk
PO Box 174
Irvington, VA 22480

For Office Use Only

Date Rec'd _____ Check# _____



TOWN OF IRVINGTON

PO BOX 174, 4203 Irvington Road, Irvington, VA 22480

804-438-6230 email: info@town.irvington.va.us

SHORT TERM RENTAL REGISTRY

Definition:

Properties offered for short term rental are defined as "the provision of a room or space that is suitable or intended for occupancy for dwelling, sleeping, or lodging purposes, for a period of fewer than 30 consecutive days, in exchange for a charge for the occupancy."

1. Register annually by completing this one-page form and call for your unique registration number, then return completed form to Town Clerk, Town of Irvington, P. O. Box 174, Irvington, VA 22480.
2. Pay an Occupancy Tax of 4% of the amount received for lodging by filing the attached Occupancy Tax Form by the 20th day of the month following receipt of lodging revenue.

Registry Exemptions:

*You **are not** required to register if you are one of the following:*

1. Licensed by the Real Estate Board or are a property owner who is represented by a real estate licensee.
2. Registered pursuant to the Virginia Real Estate Time-Share Act.
3. Licensed or registered with the Department of Health, related to the provision of room or space for lodging.
4. Licensed or registered with the locality related to the rental or management of real property, including licensed real estate professionals, hotels, motels, campgrounds and bed and breakfast establishments.

OPERATOR'S INFORMATION:

MAIL (name) _____

(street address) _____

(town/state/zip) _____

PHONE () _____

EMAIL _____

PROPERTY OFFERED FOR SHORT TERM RENTAL:

TAX MAP# and/or NAME OF RENTAL PROPERTY _____

STREET ADDRESS: _____

(town/state/zip): _____

HOSTING PLATFORM(S) _____

SIGNATURE OF PROPERTY OWNER: _____

DATE: _____



Permit# _____
Date _____
Tree Removal Permit Application

Town of Irvington, Virginia, Code of Ordinances PERFORMANCE STANDARDS as defined in Sec. §154.153 (B)(2)(a); Existing trees over six inches in diameter at breast height (DBH) shall be preserved outside the construction footprint. Diseased trees or trees weakened by age, storm, fire or other injury may be removed when approved by the Zoning Administrator.

Applicant Name _____ Name of Property Owner (if different) _____

Property Location _____

Applicant Contact Information Email _____ Home Phone _____ Mobile Phone _____

Tax Map Parcel Number _____ Zoning Classification _____

CONDITION OF TREE(S) TO BE REMOVED

- Diseased Damaged Dead Over Hanging

NATURE OF APPLICANT:

- Business Church School Non-Profit Residence

Tree Location(s) _____

N E S W Side of State Road # (i.e. Route 200) _____ Nearest Cross Street _____

Applicant (s) Signature _____

Approved Disapproved For Office Use Only _____ Permit Number _____

Reason _____

Town Administrator/Zoning Official _____ Date _____



Town of Irvington
 P. O. Box 174 Irvington, VA 22480
 804-438-6230 info@town.irvington.va.us
www.town.irvington.va.us

_____ Date

Sign Permit Application (\$20 Filing Fee)
 Please make checks payable to Town of Irvington

 Applicant Name Name of Property Owner (if different)

 Property Location

 Applicant Contact Information Email Home Phone Mobile Phone

 Tax Map Parcel Number Zoning Classification

Duration of Display: Permanent Temporary Date of Removal: _____
 Nature of Applicant: Business Church School Non Profit

 Type of Sign (see size requirements §154.197) Requested Sign Dimensions

 Site Location(s)

N E S W Side of State Road # (i.e. Route 200) Nearest Cross Street

I, or, we, hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains, water mains, electric installation and adjoining property which may result. I hereby certify I have the authority to make the foregoing application, that the information given is correct and that the construction will conform with the regulations in the Virginia Building Code, Zoning Ordinances, and private building restrictions if any, which may be imposed upon the above property by deed.

 Applicant (s) Signature

| | |
|--|--|
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | For Office Use Only _____ Permit Number |
| \$20 Fee Collected <input type="checkbox"/> Yes <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> No Fee Collected | |
| Reason _____ | |
| Town Administrator/Zoning Official _____ | Date _____ |



**TOWN OF IRVINGTON
SEPTIC SYSTEM PUMP-OUT/INSPECTION PROGRAM
VERIFICATION AND COMPLIANCE FORM**

Section 9VAC 10-20-120 7A of the Regulations and Section 3A-9 B (5) of the Town's Chesapeake Bay Preservation Overlay District Ordinance

This form must be completed and returned to the Town of Irvington, P.O. Box 174, Irvington, VA. 22480.

PROPERTY OWNER: _____

Tax Parcel Number _____ Property Description _____

The Town's records indicate there is a septic system on your property. Your septic system was inspected and/or pumped-out on _____. Septic Systems must be inspected and/or pumped out every five years to be in compliance with the above regulations. Your system needs to be inspected and/or pumped out.

COMPLIANCE: DATE OF INSPECTION AND OR PUMP-OUT _____
_____. (Indicate which method of compliance.) ALSO, INDICATE IF
THERE IS AN EFFLUENT FILTER INSTALLED IN THE OUTFLOW PIPE FROM THE SEPTIC TANK AND WHEN
IT WAS INSTALLED _____ DATE: _____

DOCUMENTATION: PLEASE ATTACH A COPY OF THE INSPECTION/PUMP-OUT RECEIPT AND/OR
CANCELLED CHECK MADE OUT TO THE LICENSED SEWAGE HANDLER, WHO PERFORMED THE
INSPECTION AND/OR PUMP-OUT.

IF THE SEPTIC SYSTEM HAS BEEN INSPECTED BY A LICENSED SEWAGE HANDLER AS AN ALTERNATIVE
TO PUMP OUT, PLEASE SUBMIT SIGNED DOCUMENTATION FROM THE LICENSED SEWAGE HANDLER
STATING THAT THE SYSTEM "HAS BEEN INSPECTED, AND IS FUNCTIONING PROPERLY, AND DOES NOT
NEED TO BE PUMPED-OUT."

Comments: _____

PROPERTY OWNER

DATE

Town of Irvington, Virginia
Zoning Permit Application (\$100 Filing Fee)

_____ Date

Application is hereby made for a Zoning Permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all local and state laws and ordinances with which applicant agrees to comply, and which shall be deemed a condition unto the exercise of this permit. Application must be made in duplicate with two (2) copies of drawing, showing lot size and location of structure with side yards and front and rear setbacks.

Applicant Name _____ Name of Property Owner (if different) _____

Property Location _____

Applicant Contact Information Email Home Phone Mobile Phone

Contractor Contact Information Email Home Phone Mobile Phone

Tax Map Parcel Number _____ Zoning Classification _____

Nature of Construction _____ Approximate # of Feet _____

Site Location(s) _____

N E S W Side of State Road # (i.e. Route 200) Nearest Cross Street

I, or, we, hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains, water mains, electric installation and adjoining property which may result. I hereby certify I have the authority to make the foregoing application, that the information given is correct and that the construction will conform with the regulations in the Virginia Building Code, Zoning Ordinances, and private building restrictions if any, which may be imposed upon the above property by deed.

Applicant (s) Signature _____

For Office Use Only

| | | |
|--|-------------|---------------------|
| Approved | Disapproved | _____ Permit Number |
| \$100 Fee Collected Yes Cash Check No Fee Collected | | |
| Conditions _____ | | |
| Zoning Administrator _____ | | Date _____ |

This permit must be issued before starting construction and is invalid if a building permit is not obtained from Lancaster County and construction is not started within two (2) years of issuance of this permit.

Telephone (804) 438-6230
 4203 Irvington Road Post Office Box 174 Irvington, Virginia 22480
 * info@town.irvington.va.us
www.town.irvington.va.us



Application for Conditional Use Permit

Town of Irvington
 P.O. Box 174, Irvington, VA 22480
 804-438-6044 (Zoning & Land Use)
 Application Fee \$200

| Internal Use Only | |
|-------------------|-------|
| RECEIVED | _____ |
| APP FEE PD | _____ |
| APPLICATION # | _____ |
| PC Public Hearing | _____ |
| TC Public Hearing | _____ |

IMPORTANT NOTE: The application must be filled out completely. The application may not be signed by an agent or attorney but must be signed by the owner, agent of owner or owners before a Notary Public in the space provided on page 4.

Applicant Name (s): _____

Tax Map Parcel(s): _____

Address/Location: _____

Deed Restrictions: Yes ___ No ___ (If yes, attach copy of deed) Current Zoning _____

Proposed Use: _____

Acreeage of Parcel: _____ Overlay District(s): Chesapeake Bay ___ Yes ___ No

| | | |
|---|------------------------------|-----------------------------|
| Is this an amendment to an existing conditional use permit? If so, provide CUP number: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A scale drawing (see p.3) is required to be attached to any CUP application. Is a scale drawing attached to this application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this an application for a private pier or dock? If so, please attach your VMRC and ACOE applications and permits. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Owner or Agent Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Official Owner(s) of Record (If different than applicant): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Does the property owner also own or have any ownership interest in any abutting property? If yes, please list those tax map numbers:

Section 154.017 of the Town of Irvington Zoning Ordinance provides guidelines for conditional use permit applications. Please address the following standards which will be reviewed by the staff in analysis of your request. If you need assistance filling out these items, staff is available.

Provide a written statement demonstrating that:

1. The establishment, maintenance or operation of the CUP will not adversely affect the public health, safety, morals and general welfare and is in compliance with the Chesapeake Bay Act;
2. The establishment of the CUP will not substantially diminish or impair property values within the neighborhood nor will it be detrimental to the environment and surrounding properties;
3. The purpose of the CUP is to provide for certain uses which may not be compatible with certain surrounding uses or which may be compatible with surrounding uses only if the use in question is established in conformance with certain limiting conditions;
4. That proper landscape designs detailing plantings, screening for sight and sound and proper buffers be provided, that only certain appropriate activities shall occur;
5. Adequate utilities, and off street parking are provided;
6. That soil erosion and sedimentation be avoided;
7. The height, area, yard and sign limitations shall be the same as for other uses in the district;
8. That businesses and other operations be carried out only at appropriate times;
9. The establishment of the CUP is not in conflict with the Comprehensive Plan;
10. The CUP shall, in all other respects, conform to the applicable regulations of the zoning district in which it is located, except as such regulations may, in each instance, be modified by the Governing Body.

(Governing Body may impose reasonable conditions to make use compatible, to protect environment, surrounding properties, persons, neighborhood values.)

Please attach your written statement with this document upon submission.

Describe your request in detail and include any relevant information such as the number of persons involved in the use, operating hours, or any unique features of the proposed use.

If any improvements are being proposed, briefly state whether new structures are to be constructed, existing structures are to be used or modifications, expansion, reconstruction, or additions are to be made to existing structures. If available, provide dimensions of any structures that will be used for this CUP.

Attachments Required – provide three copies of each

1. *A scale drawing showing the size and shape of the parcel of land on which the proposed use is located.* Scale drawing shall show the size and shape of the parcel of land on which the proposed building is to be constructed, the nature of the proposed use of the building or land and the location of such building or use with respect to the property lines of said parcel of land to the right-of-way of any street or highway adjoining said parcel of land.
2. *Ownership information* – If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, an acceptable document must be submitted certifying that the person signing below has the authority to do so.

