



CITY OF SUFFOLK

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

442 W. WASHINGTON ST., SUFFOLK, VIRGINIA 23434
PHONE: (757) 514-4150; FAX: (757)514-4199

SURVEY WAIVER

Date _____ Permit# _____
Name _____ Property Address _____
Address _____ Phone Number _____
_____ Zip Code _____ Email Address _____

I am the property owner or contractor . (please check one)

I have elected not to submit a survey although one was requested. I am aware that the setbacks for the _____ on this property are as follows:
(type of accessory structure/equipment)

Rear _____ Side _____

The property is zoned _____.

I am aware that I can't encroach inside of these setbacks. I have been informed that I can't build inside of any easements or in the right of way.

Please find attached a map illustrating where I intend to put the _____.
(type of accessory structure/equipment)

I have read, understand and will comply with the accessory structures provisions listed in the Unified Development Ordinance and take full responsibility for any non-compliance with the provisions herein.

Applicant's Signature

Date

Applicant's Printed Name

DPOR License # if Contractor