

Accessory Apartment Application

Residential Fee (< 200 sf): \$25.00

Residential Fee (> 200 sf): \$100.00



Town of Round Hill

P.O. Box 36

23 Main St.

Round Hill, VA 2014

540-338-7878

Property Owner's Name: _____

Mailing Address: _____
Street City/Town State/Zip

Phone: _____ Email: _____

Physical Address: _____
(location of apartment) Street City/Town State/Zip

Type of Application:	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> TRANSFER
Proposed Apartment Type: (check only one)		Existing Dwelling:	
<input type="checkbox"/> Interior Accessory Apartment*	Size: _____ sq.ft.	Year Built: _____	Size: _____ sq.ft.
<input type="checkbox"/> Exterior Accessory Apartment	Size: _____ sq.ft.	Year Built: _____	Size: _____ sq.ft.
<input type="checkbox"/> Accessory Homestay		Year Built: _____	Size: _____ sq.ft.
*Proposed Accessory Apartment must be located within an existing structure built in conformance with all regulations prior to 07/01/2018 and not expanded since.			

Intended Use (please check one):	
<input type="checkbox"/> Accessory Homestay	<input type="checkbox"/> Private Recreational Space
<input type="checkbox"/> Rental Unit	<input type="checkbox"/> Guest House
<input type="checkbox"/> Family-Caregiver Suite	<input type="checkbox"/> Guest Room

Application Checklist:	
<input type="checkbox"/> Zoning/Land Use Application	<input type="checkbox"/> Proposed sewer lines, if applicable, drawn on plat of existing property
<input type="checkbox"/> Building or construction plans	<input type="checkbox"/> Water/Sewer application, if applicable
<input type="checkbox"/> Plat of existing property with placement and footprint of accessory apartment drawn	<input type="checkbox"/> Fees paid according to current fee schedule

Accessory Apartments are subject to the terms and limitations of Article 25.3.1 and Article 25.3.2 of Round Hill Zoning Ordinance

I certify that the statements and figures given are true, full, and correct to the best of my knowledge. I have received a copy of Article 25.3.1 and 25.3.2 of the Zoning Ordinance and agree to comply with all requirements. I understand that failure to comply with the provisions of Article 25.3. and 25.3.2 may result in revocation of my accessory apartment permit.

Signature of Property Owner	Printed Name of Property Owner	Date
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For Office Use Only:		
Date Application Received: _____	Zoning District: _____	Fee Paid: \$ _____
Zoning/Land Use Application Received: Y / N	W/S Application Received: Y / N	Fee Paid: \$ _____
Application Status: <input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Additional information required
Notes and/or conditions:		
_____ Zoning Administrator Signature	_____ Date	_____ Date of Expiration