

ZONING ORDINANCE VIOLATION INSPECTION AFFIDAVIT AND WARRANT Commonwealth of Virginia VA. CODE § 15.2-2286

To:

I,, the undersigned Affiant state that there is probable cause
PRINT NAME

that a zoning ordinance violation has occurred constituting violation(s) of

.....
LIST ORDINANCE OR LAW BY CODE SECTION OR NUMBER

The material facts that support the above statement are as follows:

.....
The dwelling to be inspected is located and described as follows:

.....
[] Continued on attached sheet

The statements above are true and accurate to the best of my knowledge and belief. I request the issuance of an inspection warrant to enter the above-described property for the purposes of determining whether the violations of the zoning ordinance exist.

.....
TITLE OF AFFIANT AFFIANT'S SIGNATURE

.....
ADDRESS OF AFFIANT

Subscribed and sworn to before me this day.

.....
DATE AND TIME [] MAGISTRATE [] JUDGE

TO ANY OFFICIAL AUTHORIZED TO CONDUCT THE INSPECTION AUTHORIZED BY THIS WARRANT:

I, the undersigned, find that there is probable cause to believe, based on the accompanying affidavit which is incorporated by reference, that a violation of zoning ordinance has occurred justifying an inspection of the dwelling described in the accompanying affidavit.

You are hereby authorized, in the name of the Commonwealth, to inspect the dwelling described in the accompanying affidavit to check or reveal whether the violations of the zoning ordinance exist.

.....
DATE AND TIME [] MAGISTRATE [] JUDGE

ZONING ORDINANCE VIOLATION INSPECTION AFFIDAVIT AND WARRANT

Commonwealth of Virginia

In re/v.

Certified to Clerk of

..... Circuit Court
CITY OR COUNTY

on
DATE

.....
TITLE SIGNATURE

Original Delivered [] in person [] by certified mail
[] by electronically transmitted facsimile
[] by use of filing/security procedures defined in the Uniform Electronic Transactions Act

to Clerk of Circuit Court
CITY OR COUNTY WHERE EXECUTED

on
DATE

.....
TITLE SIGNATURE

Complete only if different than above:

Copy Delivered [] in person [] by certified mail
[] by electronically transmitted facsimile
[] by use of filing/security procedures defined in the Uniform Electronic Transactions Act

to Clerk of Circuit Court
CITY OR COUNTY OF ISSUANCE

on
DATE

.....
TITLE SIGNATURE

<p>Returned to the Clerk of Circuit Court on DATE _____ SIGNATURE NAME AND TITLE</p>	<p>Executed on the within-described location on DATE _____ SIGNATURE NAME AND TITLE _____ SIGNATURE NAME AND TITLE</p>
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