



**DEPARTMENT OF PLANNING &
INSPECTIONS
116 W. BEVERLEY STREET | P.O. BOX
58 | STAUNTON, VA 24402
540.332.3862 (OFFICE)
540.332.3807 (FAX)**

APPLICATION FOR SPECIAL USE PERMIT

DATE: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE #: _____

E-MAIL ADDRESS: _____

IF APPLICANT IS *NOT* THE OWNER OF THE PROPERTY IN QUESTION, EXPLAIN. A COPY OF A PENDING CONTRACT OR OPTION AGREEMENT MUST BE ATTACHED HERETO AND MADE A PART OF THIS APPLICATION.

LOCATION OF PROPERTY: _____

MAP PROVIDED: YES _____ NO _____ SITE PLAN PROVIDED: YES _____ NO _____

FEE PAID: YES _____ NO _____ **check or cash only*

PRESENT ZONING OF THE PROPERTY: _____

APPLICABLE SECTION OF ZONING CODE STATING USE IS PERMITTED ON REVIEW:

ARE PUBLIC UTILITIES AVAILABLE AND ADEQUATE FOR PROPOSED USE? IF *NO*, EXPLAIN HOW UTILITIES WILL BE PROVIDED:

LEGAL DESCRIPTION OF PROPERTY: _____

DETAILED DESCRIPTION OF PROPOSED USE (DRAWINGS MUST BE INCLUDED IF NEW CONSTRUCTION, ADDITIONS, OR CHANGES TO THE EXTERIOR OF THE PROPERTY ARE PROPOSED).

SIGNATURE: _____