

COMMENTS: _____

PERMIT/APPLICATION NO. _____
ZONING DISTRICT _____
MAGISTERIAL DISTRICT _____
DATE SUBMITTED _____

County of Prince Edward

PLEASE PRINT OR TYPE

**PRINCE EDWARD COUNTY
APPLICATION FOR SPECIAL USE PERMIT**

TO: PRINCE EDWARD COUNTY PLANNING COMMISSION SPECIAL EXCEPTION REQUESTED: _____
VIA: ZONING ADMINISTRATOR

The undersigned owner of the following described property hereby applies for a Conditional Use permit as provided in Section 11-1-4 of Article 11 of the Zoning Ordinance of Prince Edward County, Virginia.

Applicant's Name: _____
Applicant's Address: _____
Applicant's Telephone Number: () _____

Present Land Use: _____

Legal Description of Property with Deed Book and Page No. or Instrument No. _____

Tax Map # _____ Acreage : _____

Narrative statement evaluating effects on adjoining properties (noise, odor, dust, fumes, etc.): (Attach additional sheet if necessary.) _____

Statement of general compatibility with adjacent and other properties in the zoning district. (Attach additional sheet if necessary.) _____

Height of Principal Building (s): Feet _____ Stories _____

APPLICANT'S STATEMENT: (if not owner(s) of property):

I hereby certify that I have the authority to make the foregoing application, that the information given is complete and correct to the best of my knowledge, and that development and/or construction will conform with the regulations as set forth in the Prince Edward County Zoning Ordinance as written and also with the description contained in this permit application.

Signature of Applicant (if not property owner) Date

PROPERTY OWNER(S) STATEMENT:

I hereby certify that I/We own the above described property, that the information given is complete and correct to the best of my knowledge, and the above person(s), group, corporation, or agent has the full and complete permission of the undersigned owner(s) to make application for a Conditional Use permit as set forth in the Prince Edward County Zoning Ordinance as written.

Signature of Property Owner(s) Date

Signature of Property Owner(s) Date

Signature of Property Owner(s) Date

NOTE: THIS PERMIT APPLICATION IS NOT VALID UNLESS ALL PROPERTY OWNER(S) SIGNATURES ARE AFFIXED AND DATED. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Application Fee \$300.00 Fee Received by _____ Date _____

The above mentioned application charges are nonrefundable, regardless of whether the permit application is approved or denied once submitted.

All checks for payment should be made payable to: Treasurer, Prince Edward County, Virginia.

Mail to: Department of Building & Zoning
P. O. Box 382
Farmville, VA 23901
(434) 392-8837