

<p>OFFICE USE ONLY SUP # _____</p> <p>FEE PAID: _____</p> <p>DATE: _____</p>

TOWN OF ALTAVISTA

APPLICATION FOR SPECIAL USE PERMIT

This application and accompanying information must be submitted in full before the special use permit can be referred to the Planning Commission and Town Council for consideration. The application and accompanying information will become conditions of approval and be binding on the property if the permit is granted. Please contact the Zoning Department at (434) 369-5001 for application and deadline or questions.

Request is hereby made by the principle officer of applicant or undersigned owner of the below listed property for consideration of a Special Use Permit as provided for in Section 86-33 of The Code of the Town of Altavista, Virginia 2002.

Applicant Information

Name: _____ Phone Number: _____

Address: _____

Property Information

Property Owner(s): _____ Phone Number: _____

Property Address or Location: _____

Parcel ID Number: _____

Present Zoning District: _____

Purpose of Request

Is this request for an amendment to an existing special use permit? _____

Please provide the following information – separate pages if necessary:

Detailed description of the proposed use (or site modification)

Please provide a site plan with the following information:

- Proposed use of the land: size and location of structures with dimensions to lot lines.
- Vehicular circulation system with points of ingress and egress.

- Existing on-site buildings, separation dimensions and paved areas.
- Location and dimensions of all parking and loading areas, including the number of off-street parking and loading spaces provided.
- Net acreage.
- Gross and net square footage of building (s) (proposed and existing).
- Required landscaping and buffer areas.

Please provide a brief description of the proposed development:

Please demonstrate how the proposed use, when complemented with additional measures, if any, will be in harmony with the purposes of the specific district in which it will be placed.

(Use separate pages if additional space is required)

Please demonstrate how there will be no undue adverse impacts on the surrounding neighborhood in terms of public health, safety, or general welfare, and show the measures to be taken to achieve such goals.

(Use separate pages if additional space is required)

The following items must accompany this application:

1. The written consent of the owner or agent for the owner (only if the applicant is not the owner). If the applicant is the contract purchaser, the written consent of the owner is required.
2. One copy of a site plan for the property showing the lot, structures, site improvements, parking areas and spaces, and any other information necessary to determine the ability to meet the Zoning Ordinance site development standards, use and design standards, and physical compatibility with the neighborhood.
3. Vicinity map (may be included on the site plan).

4. Fee is the actual cost accrued by the Town and is estimated to be between \$300 and \$400 for a special use permit. Costs include advertising, administrative expense, first class postage, appropriate signage, and processing this application. Applicant will be billed within 30 days of completion of the process. Please make your check or money order payable to the **TOWN OF ALTAVISTA**.

5. Any item submitted that is greater than 11”x 17” paper size or in color, as deemed necessary as by the applicant, requires twenty-five (25) copies.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY

CASE NO: _____ TAX MAP NO: _____

DATE RECEIVED: _____

REFERRED TO PLANNING COMMISSION: _____

REFERRED TO COUNCIL: _____

PUBLIC HEARINGS & NOTIFICATION TO ADJACENT PROPERTY OWNERS

PLANNING COMMISSION HEARING: _____ **DATE:** _____

NUMBER OF PIECES MAILED: _____

DATE MAILED: _____ CERTIFIED: _____ 1ST CLASS: _____

COUNCIL HEARING: _____ **DATE:** _____

NUMBER OF PIECES MAILED: _____

DATE MAILED: _____ CERTIFIED: _____ 1ST CLASS: _____

ACTION TAKEN

APPROVED BY TOWN COUNCIL: _____

DISAPPROVED BY TOWN COUNCIL: _____

DATE: _____