

Application for Special Use Permit



IMPORTANT: Your application will be considered **INCOMPLETE** until all of the required attachments listed on page 2 have been submitted with the appropriate signature on page 3. Also, please see the list on page 4 for the appropriate fee(s) related to your application.

PROJECT NAME: (how should we refer to this application?) _____

PROPOSAL/REQUEST: _____

ZONING ORDINANCE SECTION(S): _____

EXISTING COMP PLAN LAND USE/DENSITY: _____

LOCATION/ADDRESS OF PROPERTY FOR SPECIAL USE PERMIT:

TAX MAP PARCEL(S): _____

ZONING DISTRICT: _____

OF ACRES TO BE COVERED BY SPECIAL USE PERMIT (if a portion, it must be delineated on a plat): _____

Is this an amendment to an existing Special Use Permit? If Yes provide that SP Number. SP-_____ YES NO

Are you submitting a preliminary site plan with this application? YES NO

Contact Person (Who should we call/write concerning this project?): _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Owner of Record _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Applicant (Who is the Contact person representing?): _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Does the owner of this property own (or have any ownership interest in) any abutting property? If yes, please list those tax map and parcel numbers:

FOR OFFICE USE ONLY	SP # _____	SIGN # _____
Fee Amount \$ _____	Date Paid _____	By who? _____
		Receipt # _____ Ck# _____ By: _____
ZONING ORDINANCE SECTION _____		
Concurrent review of Site Development Plan? YES _____ NO _____		

REQUIRED ATTACHMENTS & OTHER INFORMATION TO BE PROVIDED for THE APPLICATION TO BE OFFICIALLY SUBMITTED & DEEMED COMPLETE

A completed application and all supplemental documents should be submitted via the [Community Development Apply for page](#). If paper is the only option, then one copy of a completed application and all supplemental documents may be provided.

- Application Signature Page**
- One (1) completed & signed copy of the [Checklist for a Special Use Permit](#).**
- One (1) copy of the Pre-application Comment Form received from county staff**
- One (1) copy of any special studies or documentation as specified in the Pre-application Comment Form.**
- One (1) copy of a Conceptual Plan.**
- One (1) copy of a written narrative**

The narrative must be laid out to identify each of the bulleted **TITLES** as follows:

- **PROJECT PROPOSAL**

The project proposal, including

- its public need or benefit;
- how the special use will not be a substantial detriment to adjacent lots,
- how the character of the zoning district will not be changed by the proposed special use, and
- how the special use will be in harmony with the following:
 - the purpose and intent of the Zoning Ordinance,
 - the uses permitted by right in the zoning district,
 - the regulations provided in Section 5 of the Zoning Ordinance as applicable, and
 - the public health, safety and general welfare.

(be as descriptive as possible, including details such as but not limited to the number of persons involved in the use, operating hours, and any unique features of the use)

- **CONSISTENCY WITH COMPREHENSIVE PLAN**

The proposed project's consistency with the comprehensive plan, including the land use plan and the master plan for the applicable development area;

- **IMPACTS ON PUBLIC FACILITIES & PUBLIC INFRASTRUCTURE**

The proposed project's impacts on public facilities and public infrastructure.

- **IMPACTS ON ENVIRONMENTAL FEATURES**

The proposed project's impacts on environmental features.

- One (1) copy of the most recent recorded plat**, that shows the Deed Book/Page Number, of the parcel(s) composing the proposed project, or a boundary survey if a portion of one or more parcels compose the proposed project, both of which shall include a metes and bounds description of the boundaries.
- Taxes, charges, fees, liens owed to the County of Albemarle**
As the owner/agent I certify that any delinquent real estate taxes, nuisance charges, stormwater management utility fees, and any other charges that constitute a lien on the subject property, which are owed to the County of Albemarle and have been properly assessed against the subject property, **have been paid**.

APPLICATION SIGNATURE PAGE

If the person signing the application is someone other than the owner of record, then a signed copy of the **“CERTIFICATION THAT NOTICE OF THE APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER”** form must be provided in addition to the signing the application below. (page 5)

Owner/Applicant Must Read and Sign

By signing this application, I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner of the subject parcel(s) listed in County Records. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge. By signing this application, I am consenting to written comments, letters and or notifications regarding this application being provided to me or my designated contact via fax and or email. This consent does not preclude such written communication from also being sent via first class mail.

Signature of Owner / Agent / Contract Purchaser

Date

Print Name

Daytime phone number of Signatory

**CERTIFICATION THAT NOTICE OF THE
APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER**

This form must accompany this zoning application if the application is not signed by the owner of the property.

I certify that notice of the application for, _____
[Name of the application type & if known the assigned application #]

was provided to _____
[Name(s) of the record owners of the parcel]

the owner of record of Tax Map and Parcel Number _____

by delivering a copy of the application in the manner identified below:

_____ Hand delivery of a copy of the application to _____
[Name of the record owner if the record owner is a person; if the owner of record is an entity, identify the recipient of the record and the recipient's title or office for that entity]

on _____
Date

_____ Mailing a copy of the application to _____
[Name of the record owner if the record owner is a person; if the owner of record is an entity, identify the recipient of the record and the recipient's title or office for that entity]

on _____ to the following address _____
Date

[Address; written notice mailed to the owner at the last known address of the owner as shown on the current real estate tax assessment books or current real estate tax assessment records satisfies this requirement].

Signature of Applicant

Print Applicant Name

Date