

Resubmittal of information for Special Use Permit



PROJECT NUMBER THAT HAS BEEN ASSIGNED: _____

Owner/Applicant Must Read and Sign

I hereby certify that the information provided with this resubmittal is what has been requested from staff

Signature of Owner, Contract Purchaser

Date

Print Name

Daytime phone number of Signatory

FEES to be paid after application

For original Special Use Permit fee of \$2,365	
<input type="checkbox"/> First resubmission (TO BE PAID WHEN THE RESUBMISSION IS MADE TO INTAKE STAFF)	Free
<input type="checkbox"/> Each additional resubmission (TO BE PAID WHEN THE RESUBMISSION IS MADE TO INTAKE STAFF)	\$590
<input type="checkbox"/> 4% Technology surcharge	\$23.60
TOTAL SPECIAL USE PERMIT RESUBMISSION FEE	\$613.60
For original Special Use Permit fee of \$1,183	
<input type="checkbox"/> First resubmission (TO BE PAID WHEN THE RESUBMISSION IS MADE TO INTAKE STAFF)	Free
<input type="checkbox"/> Each additional resubmission (TO BE PAID WHEN THE RESUBMISSION IS MADE TO INTAKE STAFF)	\$590
<input type="checkbox"/> 4% Technology surcharge	\$23.60
TOTAL SPECIAL USE PERMIT RESUBMISSION FEE	\$613.60

FOR OFFICE USE ONLY			
Fee Amount \$ _____	Date Paid _____	By who? _____	
Receipt # _____	Ck# _____	By: _____	

County of Albemarle
Community Development Department
401 McIntire Road Charlottesville, VA 22902 Voice: (434) 296-5832 Fax: (434) 972-4126