



14. ADDITIONAL COMMENTS, IF ANY:

\_\_\_\_\_  
\_\_\_\_\_

I (we), the undersigned, do hereby certify that the above information is correct and true. I (we) further understand that in granting approval of this application, the Board of Supervisors may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met.

Signature of Owner: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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**OFFICE USE ONLY**

**PLANNING COMMISSION**

Dates Public Hearing Was Advertised: \_\_\_\_\_

Date Public Hearing Was Held: \_\_\_\_\_

Recommendation of Planning Commission: \_\_\_\_\_

Secretary \_\_\_\_\_

-----**TOWN**

**COUNCIL**

Dates Public Hearing Was Advertised: \_\_\_\_\_

Date Public Hearing Was Held: \_\_\_\_\_

Date And Action of Town Council: \_\_\_\_\_

\_\_\_\_\_  
Town Clerk \_\_\_\_\_

**STATE OF VIRGINIA  
COUNTY OF SHENANDOAH, TO WIT:**

**I hereby certify that the above was signed and sworn before me by**

\_\_\_\_\_

This \_\_\_ day of \_\_\_\_\_, 20\_\_.

This \_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public