OFFICE USE ONLY Special Use Permit No. _____ Receipt No. _____ Fee Paid __/__/__ Town of Mount Jackson, Virginia **SPECIAL USE PERMIT APPLICATION** Date: __/__/___ The applicant is the owner _____ Other ____ (Check One) 1. 2. OWNER(S): 1 Name Address Phone Email OCCUPANT (If Other than owner) Name Address Phone Email 3. Use Applied For: ______ Has a previous application been made for this use: ____ Yes ___ No 4. If yes, provide date: __/__/___ 5. Address and exact directions to property: Zoning District: ____ 7. Size of property (acres): _____ 6. 8. Ownership of this property is evidenced by deed from _____ recorded in deed book number _____ on page no. _____ as found in the Office of the Clerk of the Circuit Court of the County of Shenandoah. 9. This property is designated as tax map number ______. Describe the proposed use: 10. 11. Current use of property: _____ It is proposed that the following additions/improvements to existing buildings will be 12. constructed (include size of existing and proposed building): 13. It is proposed that the following new buildings will be constructed: ______

14. ADDITIONAL COMMENTS, IF ANY (if business customer trips expected, etc.):	use include hours of operation, number of employees,	
If the applicant wishes to offer any conditions for the copy of those conditions signed by those property of		
Furnish on an 8 ½" X 11" paper, one(1) copy of a drawing (1) Size and shape of parcel where the use or building in (2) Location of use of proposed and/or existing building (3) Size and shape of proposed and/or existing building (4) Access to and from property (5) Relation to street and highway intersections (6) Planned screening or landscaping, if any (7) Number and location of off-street parking spaces (8) Specify proposed use of area (if not enclosed in a building the street proposed in a building the street parking spaces (8) Specify proposed use of area (if not enclosed in a building the street parking spaces (8) Specify proposed use of area (if not enclosed in a building the street parking spaces (8) Specify proposed use of area (if not enclosed in a building the street parking spaces (8) Specify proposed use of area (if not enclosed in a building the street parking spaces (8) Specify proposed use of area (if not enclosed in a building the street parking spaces (8) Specify proposed use of area (1) copy of a drawing the street parking spaces (8) Specify proposed use of area (1) copy of a drawing the street parking spaces (8) Specify proposed use of area (1) copy of a drawing the street parking spaces (8) Specify proposed use of area (1) copy of a drawing the street parking spaces (8) Specify proposed use of area (1) copy of a drawing the street parking spaces (8) Specify proposed use of area (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1) copy of a drawing the street parking spaces (1)	is to be located legs including distance from public road g	
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 Town Council 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:	
OFFICE USE ONLY		
Name and complete mailing address of all adjacent landowners		
Name	Address	
	1	

Attach separate sheet if necessary

PLANNING COMMISSION		
Dates Public Hearing Advertised:		
Date Public Hearing Held:		
Recommendation of Planning Commi	ission:	
	Secretary	
TOWN COUNCIL		
Dates Public Hearing Advertised:		
Date Public Hearing Held:		
Date And Action of Town Council:		
	Town Clerk	
S	STATE OF VIRGINIA	
	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	