

OFFICE USE ONLY

Special Use Permit No. _____ Receipt No. _____ Fee Paid __/__/__

Town of Mount Jackson, Virginia

SPECIAL USE PERMIT APPLICATION

Date: __/__/__

1. The applicant is the owner ____ Other ____ (Check One)

2. OWNER(S):

1

2

Name	1	2
Address		
Phone		
Email		

OCCUPANT (If Other than owner)

Name	
Address	
Phone	
Email	

3. Use Applied For: _____

4. Has a previous application been made for this use: ____ Yes ____ No

If yes, provide date: __/__/__

5. Address and exact directions to property: _____

6. Zoning District: ____ 7. Size of property (acres): _____

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 _____.

10. Describe the proposed use: _____

11. Current use of property: _____

12. It is proposed that the following additions/improvements to existing buildings will be
constructed (include size of existing and proposed building): _____

13. It is proposed that the following new buildings will be constructed: _____

PLANNING COMMISSION

Dates Public Hearing Advertised: _____
Date Public Hearing Held: _____
Recommendation of Planning Commission: _____

Secretary _____

TOWN COUNCIL

Dates Public Hearing Advertised: _____
Date Public Hearing 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