Town Office File Assignment I	nformation:		
Street Address:		_ Date:	_ Application No
street Address:		_ Date:	- ^

Town of Washington, Virginia P.O. Box 7 Washington, Virginia 22747

For questions or to schedule a meeting call the Town Office (540) 675-3128

Special Use Permit (SUP) Application

Application Instructions

- 1. Complete as much of the application as possible, paying careful attention to the description of your project.
- Schedule a meeting with the Zoning Administrator by calling the Town Office at 540-675-3128 or emailing the Zoning Administrator at <u>zoning@washingtonva.gov</u> or Town Clerk at <u>townofwashington@washingtonva.gov</u>
- 3. The Zoning Administrator will determine if the application is correct and complete. Additional information or supportive materials my be required to complete the application.
- 4. The appropriate fee will be required as part of completing the application. A fee schedule will be provided for reference. The Zoning Administrator will provide you with the amount due for the application.
- 5. The Zoning Administrator will provide a meeting schedule for the required meeting to hear the application. Some types of applications require multiple meetings for approval. If additional meetings are required a tentative schedule will provided.
- 6. Once the application is determined complete and fee is paid the application will proceed to the appropriate meeting. You will receive notification of the meeting a few days prior to the meeting.

Town Office File Assignment I	nformation:		
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street Address:		_ Date:	- ^

Town of Washington, Virginia P.O. Box 7 Washington, Virginia 22747

SPECIAL USE PERMIT (SUP) APPLICATION - Page 1 of 2 Please print or type all information

Applicant:							
Owner: Telephone: Email Address: Street Address: City, State, Zip Code:							
						Owner's Name as it appears on	land records:
						Telephone/Cell Phone:	
						Email Address:	
						Street Address:	
City, State, Zip Code:							
Owner' Signature							
SUP Description and Zoning Ord	linance Section:						
Property Location:							
Current Street Address:							
Current Zoning:							
Tax map identification number(s	s):						
***************************************	***************************************						
to determine if the application is complete the regular monthly med	es must be submitted to the Town Clerk for the Zoning Administrator e. Complete Applications must be submitted two (2) weeks prior to eting of the Planning Commission or Town Council. ubmit materials may result in a delay.						
***************************************	***************************************						
notification will be properly posted ar	information is complete and correct and that the public nd maintained on the site not later than 14 days before the t all delinquent real estate taxes have been paid.						
Signature	Date						

Town Office File	Assignment Information:		
Street Address:		Date:	Application No

SPECIAL USE PERMIT (SUP) APPLICATION - Page 2 of 2

Please print or type all information

Please submit all of the following materials as part of this application:

- 1. One complete copy of this application and supportive materials.
- 2. A description of the requested SUP project.
- 3. Copies of Site Plan or Subdivision Plat CONSULT WITH THE ZONING ADMINISTRATOR FOR THE NUMBER OF COPIES NEEDED.
- 4. Copies of comments from outside review agencies. VDOT, ARB, Health Department, Rappahannock County, and others as required by the Planning Commission or Zoning Administrator.
- 5. Required Fees. See the Town Fee Schedule
- 6. List of adjacent property owners with name, mailing address and tax ID.

All public hearing materials must be submitted prior to the meeting date for distribution to the Planning Commission and Town Council. Failure to submit materials may result in a delay.

This s				Fown Zoning		
Site Plan / Subo	division Nur	nber:				
Fee Paid:			Date Fee Pai	d:		
Date of Confere	ence with Zo	oning				
Administrator:_						
Application com	plete and a	ccepted	by & date:_			
Legal notices:		_		•	ng Owners:	

Submit applications and materials to:

<u>Mailing Address:</u>

Town of Washington, P. O. Box 7, Washington, Virginia 22747

Physical Town Office Location: 567 Mt. Salem Ave, Suite 3, Washington, Virginia 22747

Town Office Phone: (540) 675-3128

Town Clerk Email: townofwashington@washingtonva.gov
Zoning Administrator Email: zoning@washingtonva.gov

Please submit all applications, support materials and fees to the Town Clerk.