



TOWN OF MIDDLEBURG
 10 West Marshall Street, PO Box 187
 Middleburg, Virginia 20118-0187
 540-687-5152 FAX 540-687-3804

Application # SU _____

**APPLICATION
 SPECIAL USE PERMIT**

PROPOSED USE: _____ **ZONING ORDINANCE SECTION:** _____

Attach a detailed description of the proposed use, including any materials required by Ordinance and any additional information required to allow the Commission and Council to fully consider the request.

Applicant Name: _____ Phone #: _____
 Mailing Address: _____ email: _____

Property Address: _____ Parcel #: _____
 Subdivision Name: _____ Lot #: _____ Size of Parcel: _____
 Zoning District: _____ In Historic District?: Yes No # Off-street Parking spaces _____ / _____
 required provided

Owner Name: _____ Phone #: _____
 Mailing Address: _____ email: _____

ACKNOWLEDGEMENT OF APPLICATION

This application certifies that all affected owners (1) acknowledge their agreement to file this application and (2) authorize Town representatives and/or its assigns entry to the affected properties without prior notice for the purpose of evaluating the application. The applicant acknowledges responsibility for all applicable fees per the Town's adopted fee schedule, which may include a base fee due at the time of application and additional review fees to be billed later.

Owner Signature: _____ Printed Name: _____

Applicant Signature: _____ Printed Name: _____

OFFICE USE ONLY	
Date Filed: _____	Base Fee: _____ Date Paid: _____ Application #: SU _____
Planning Commission Hearing Date: _____	Action Date _____ Recommend: <input type="checkbox"/> Approval <input type="checkbox"/> Denial
Recommended Approval Conditions or Reasons for Recommending Denial: _____ _____	
Town Council Hearing Date: _____	Action Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Conditions of Approval or Reasons for Denial: _____ _____	