SPECIAL USE PERMIT # _____

TOWN OF FRONT ROYAL
DEPARTMENT OF PLANNING AND ZONING
102 EAST MAIN STREET, PO BOX 1560
FRONT ROYAL, VA 22630

Main 540-635-4236
Fax 540-631-2727
www.frontroyalva.com

SPECIAL USE PERMIT REQUEST

APPLICANT:

Name: _____ PHONE: _____

Address: _____

Email: _____

PROPERTY OWNER:

Name: _____ PHONE: _____

Address: _____

Email: _____

PROPERTY DESCRIPTION:

Property Address: _____

Tax Map _____ Section _____ Block _____ Lot _____

Subdivision Name: _____ Acreage: _____ Zoning District: _____

REQUEST:

Proposed Use of Property: _____

Specific Special Use Permit Request: _____

_____

_____

Attachments – The following ***must*** be submitted with the application. Additional information may be required depending on the nature of the request.

1. Survey Plat of property showing all **existing** improvements. (**3 Originals and a Digital Copy**)
2. Preliminary Site Development Plan required for new development or a Conceptual Drawing for existing structures.
3. Application Fee of $1000.00 Form of Payment: _____ Date Paid: _____
4. Additional information as required by the Department of Planning and Zoning.

CERTIFICATION:

I certify that the information provided with this application is correct to the best of my knowledge and should the Special Use Permit be granted, the project will comply with the conditions imposed upon it and will be implemented only as approved by Town Council.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

By submitting this application, the applicant grants permission to Town officials and employees to enter upon the property, which is the subject of this application, during reasonable hours and for purposes related to the application process.

Revised 6-5-2025