ONANCOCK 1680

A LITTLE SLICE OF NOWHERE ELSE

Town of Onancock
SPECIAL USE PERMIT

Certain uses are not necessarily compatible with the uses traditionally associated with standard districts. If proper mitigating conditions are enacted along with the proposed exception. Such uses may be designated under special exemptions.

Associated uses are allowed in associated districts upon the issuance of a Special Use Permit.

Project Location

Street address: _____

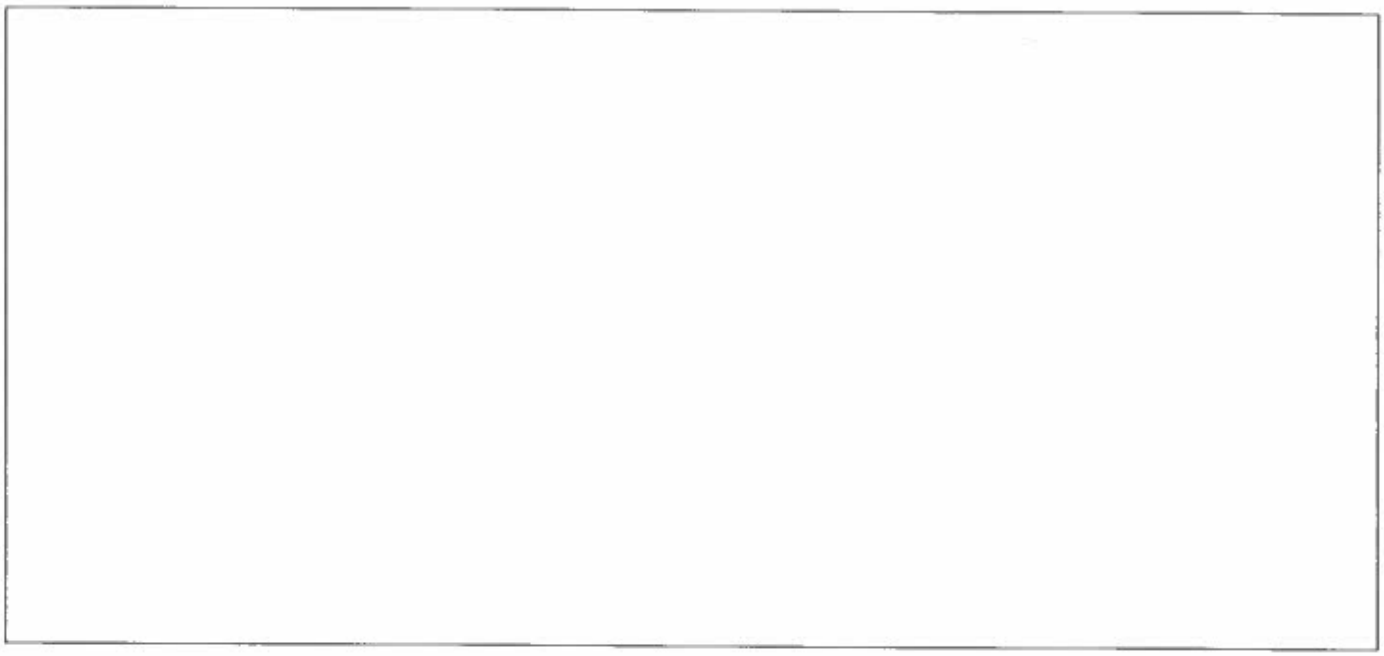
Tax Map, Parcel ID, or GPIN: _____

Zoning Classification: _____

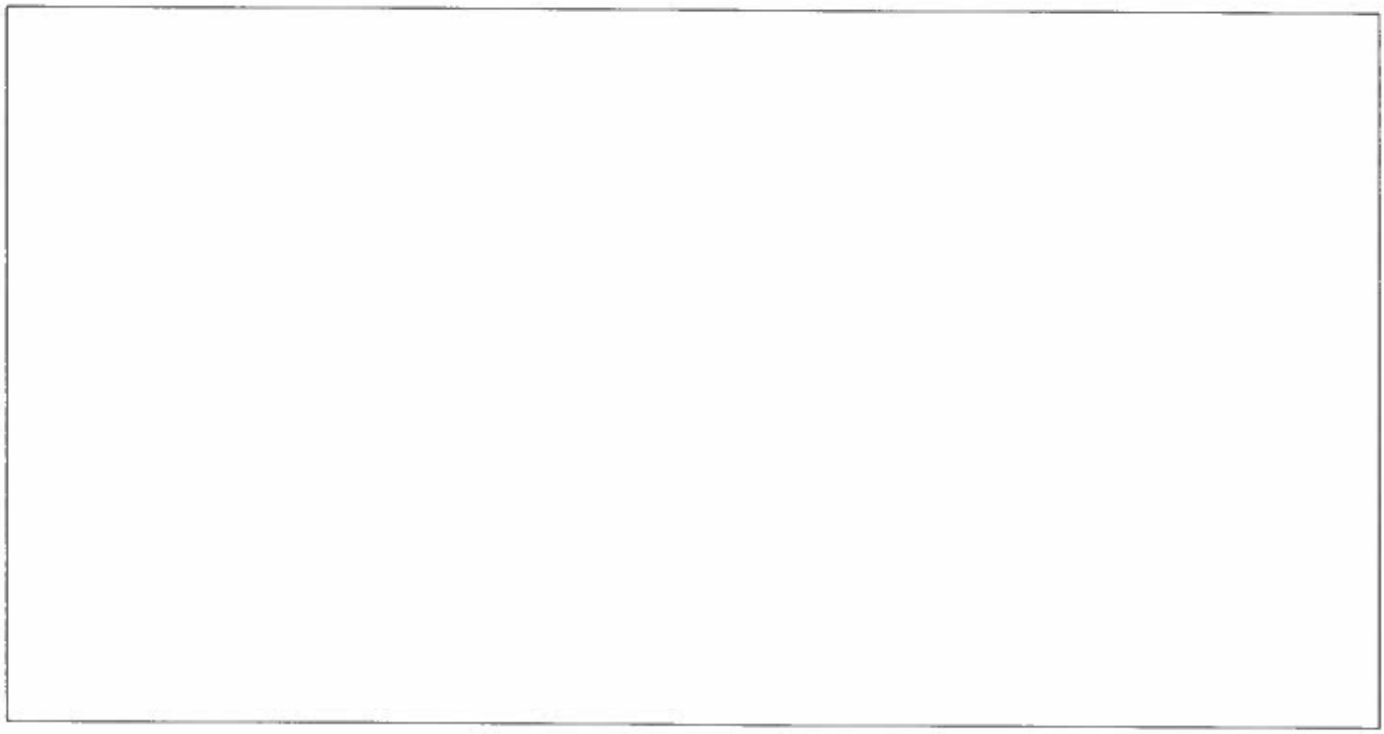
Current Square Feet, # of Bedrooms, # of Bathrooms _____

Proposed Land Use (include detail of use, hours of operation, number of employees)

Site Plan (dimensions from all property lines to the structure include parking and landscaping)



Impact Study (traffic, noise, impact on adjacent property)



Owner Information

Firm Name: _____ Main Office No: _____

Address: _____

On-Site Supervisor: _____ Cell: _____

Business License #: _____ E-mail: _____

EIN: _____ SSN: _____

Process Completion

Check as they apply:

☐	1	Form submitted and fee paid
☐	2	Planning Commission review
☐	3	Second Planning Commission Review (if denied)
☐	4	Joint public hearing with Planning Commission and Town Council
☐	5	Any conditions (detail below)
☐	6	Duration and renewal (details below)
☐	7	Need for utility connection

Conditions or mitigation to Permit.

Duration and Renewal

1. All Special Use Permits terminate at the time of sale. All new owners must apply under the then-current ordinance.
2. For use as a short-term-rental, there is a three-year term, at which time the owner must reapply under the then-current ordinance.

Applicant Signature

Applicant Name (print): _____ Date: _____

Applicant Signature: _____

For Town Use ONLY:

Permit Approval

I, _____ , certify that the application and its submittals have been reviewed against current code and field verified and I approve the application for Accomack County to begin its building permit and inspection process.

Name: _____ Position Title: _____

Signature: _____ Date: _____

Jurisdiction: _____

Permit Denial

I, _____ , certify that the application and its submittals have been reviewed against current code and field verified and I deny the application for the reasons detailed below.

Name: _____ Position Title: _____

Signature: _____ Date: _____

Jurisdiction: _____