

Special Use Permit No: SU- _____



Special Use Permit Application

*Town of Onley
PO Box 622
Onley VA 23418
757-787-3985 - Office*

****This application applies to all Zoning Districts****

Special Use Permit Application Fee: \$500.00 due at application plus all advertising costs and special mailing costs. Additional costs to be paid before public hearings. No fees are refundable.

\$500.00 Paid on: _____ \$ Additional costs paid on: _____

PLEASE COMPLETE:

Name of Owner(s): _____

Mailing Address: _____

Contact Numbers: _____

Name of Contractor: _____

Contractor Address: _____

Contractor License Number: _____

Contact Number for Contractor: _____

Physical Address of Property (911 address if applicable): _____

Tax Map/ID Numbers: _____

Zoning District: _____

Special Exception Use Proposed – Please refer to Town of Onley Zoning Ordinance May 2, 2022, Article III-2.3, Article III-4.3, Article, Article III-5.2.

Please describe request for Special Use in as much detail as possible (employees, off-street parking spaces, business use, etc.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

I/we, _____

hereby certify that on January 1 of the current calendar year, the land described above is listed in the name and address of:

(Owner's Signature)

(Signature of Agent/Contractor)

Application is hereby made for a Special Use Permit and Certificate of Special Use in accordance with the description and for the purpose hereinafter set forth. This Application is made subject to all local and state laws and ordinances which are hereby agreed to by the undersigned which shall be deemed a condition of entering into the exercise of this Permit.

SPECIAL USE PERMIT

☐ **APPROVED**

☐ **DENIED**

Explanation: _____

Zoning Administrator

Date

CERTIFICATE OF SPECIAL USE

☐ **APPROVED**

Special Use Permit No: SU- _____

☐ **DENIED**

Explanation: _____

Zoning Administrator

Date