SPECIAL USE PERMIT APPLICATION PACKAGE

PAGE COUNTY, VIRGINIA

Planning Department
117 South Court Street
Luray, VA 22835
(540) 743-4142
Fax: (540) 743-4533
www.pagecounty.virginia.gov

COUNTY OF PAGE
SPECIAL USE APPLICATION INSTRUCTIONS

It is the responsibility of the applicant to complete this form in its entirety and as precisely as possible.

Please attach the following in support of this application:

1. A copy of the deed to the property (may be obtained from the Circuit Court of Page County.) Also a copy of the paid real estate tax receipt for the parcel (may be obtained from the Page County Treasurer's Office.)
2. You must have the last page of this application completed by all applicable agencies, including the property owners association of the subdivision, prior to submitting the application (an application will not be accepted without this information being submitted along with the application.)
3. A copy of a survey plat (if one is available) by a registered land surveyor (licensed in Virginia) or a hand drawn sketch of the property. On this plat or sketch draw all existing buildings and the proposed structure(s) including measurements.
4. All applications submitted for special use permits shall show the nature and extent of the proposed use and development. If the proposed development is to be constructed in phases, all phases shall be shown at the time of the original application. The applicant shall have the responsibility to show that the proposal meets all of the applicable specific and general standards for the use.
5. A vicinity map showing land use surrounding the property within five hundred (500) feet, existing zoning of the tract and abutting lots, an indication of the availability of water and sewer facilities, and principle highway access to the property.
6. See special use zoning regulations Section 125-54 of the Page County Zoning Ordinance for detailed procedures.
7. If you have any questions, please call the Page County Planning Department 540-743-4142, 9 a.m. to 5 p.m., Monday through Friday.

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ADDITIONAL INFORMATION MAY BE REQUIRED IF THE ZONING ADMINISTRATOR OR PLANNING DIRECTOR DETERMINES IT NECESSARY TO ENSURE CONFORMANCE WITH AND TO PROVIDE ENFORCEMENT OF THIS ORDINANCE.

SPECIAL USE PERMIT FEES

The fee for a Special Use Permit application is $500.00 for home occupation, $900.00 for a special use, $5,800 for telecommunication towers and $2,200.00 for collocating antennas on towers over twenty (20) feet. This fee is due upon submittal of the completed application and is non-refundable. There is also a $50.00 refundable deposit for a public hearing sign. Upon submittal of your application a public hearing sign will be provided to you. The sign is to be posted on the land that is to have the special use so that it is visible from adjoining roads and property. It must be posted at least 14 days prior to the public hearing and maintained so as to be visible from adjoining roads and property until after the public hearing. **Failure to post the sign will result in your application being tabled.** The sign is to be returned after the Board of Supervisors act on the application. Please make check payable to the County of Page.

Applications for Special Use Permits are first heard by the Page County Planning Commission for their recommendations and then by the Page County Board of Supervisors for final decision at public hearings. Your Special Use Permit application will most likely be first heard at a Planning Commission work session followed at a later date by Planning Commission public hearing.

COUNTY OF PAGE
SPECIAL USE PERMIT APPLICATION

FEE PAID ______________________ **DATE** ______________________

RECEIPT NO. ______________________ **DENSITY RANGE:** ______________________

* *

1. The applicant is the owner _____ other _____ (Check one)

2. OWNER

Name ______________________

Address ______________________

____

Phone No. ______________________

OCCUPANT (If other than owner)

Name ______________________

Address ______________________

____

Phone No. ______________________

3. Location of property (give exact directions)

____

____

____

4. Property size ______________________

5. Tax Map Number ______________________
   Magisterial District ______________________

6. Current use of the property: ______________________

7. Description of proposed use: ______________________

   Size of building(s) if any ______________________

8. Present Zoning: __________ A-1 (Agriculture) __________ R (Residential)
   __________ C-1 (Commercial) __________ I (Industrial)
   __________ W-C (Woodland Conservation)

Applicants additional comments, if any ____

____

I (we), the undersigned, do hereby certify that the above information is correct and true. I (we) further understand that in granting approval of this application, the Board of Supervisors may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met. *Please refer to the attached "Power of Attorney" form for those applicants that desire to have a spokesperson, who is not the property owner, represent the application and property.*

Signature of Owner ____

Signature of Applicant ____

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COMMENTS BY PLANNING DEPARTMENT

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____________________________________ ________________________

PLANNING DIRECTOR DATE

SUBMIT NAMES AND COMPLETE MAILING ADDRESSES OF ALL ADJOINING PROPERTY OWNERS, INCLUDING PROPERTY OWNERS ACROSS ANY ROAD OR RIGHT-OF-WAY. (Continue on back if needed.)

Names and address of property owners may be found in the Real Estate and Land Use Office at the Commissioner of Revenue's Office.

NAME	ADDRESS

ADJOINING PROPERTY OWNER VERFICATION:

AS APPLICANT FOR THIS SPECIAL USE PERMIT REQUEST,
I _____ (Name)
HEREBY ACKNOWLEDGE THAT I HAVE FAITHFULLY AND CORRECTLY PROVIDED NAMES AND COMPLETE MAILING ADDRESSES OF ALL MY ADJOINING PROPERTY OWNERS AND THOSE DIRECTLY ACROSS THE ROAD OR RIGHT-OF-WAY. I UNDERSTAND THAT FAILURE TO PROVIDE ALL ADJOINING PROPERTY OWNERS WILL LEAVE ME LIABLE FOR ADDITIONAL COSTS FOR RE-ADVERTISEMENT AND NOTICES MAILED AND THAT MY REQUEST COULD BE DELAYED UNTIL PROPER NOTIFICATION HAS BEEN GIVEN TO ALL ADJOINING PROPETY OWNERS AND THOSE PROPERTY OWNERS ACROSS THE ROAD OR RIGHT-OF-WAY.

_____ _____
DATE SIGNATURE OF APPLICANT

PLEASE HAVE THE FOLLOWING AGENCIES ENTER THEIR COMMENTS BELOW BEFORE SUBMITTING THIS APPLICATION TO THE PLANNING DEPARTMENT.

VIRGINIA DEPARTMENT OF TRANSPORTATION
P.O. BOX 308
LURAY, VIRGINIA 22835
540-743-6585

_____

_____

DATE _____ VDOT OFFICIAL _____

* * * * * * * * * * * *

PAGE COUNTY HEALTH DEPARTMENT
75 NORTH COURT LANE
LURAY, VIRGINIA 22835
540-743-6528

_____

_____

DATE _____ HEALTH OFFICIAL _____

* * * * * * * * * * *

PAGE COUNTY BUILDING OFFICIAL
108 SOUTH COURT STREET
LURAY, VIRGINIA 22835
540-743-6674

_____

_____

DATE _____ BUILDING OFFICIAL _____

* * * * * * * * * *

SUBDIVISION PROPERTY OWNERS ASSOCIATION

_____

_____

DATE _____ PRESIDENT OR SECRETARY _____

Special Limited Power of Attorney
County of Page, Virginia

Page County Planning Department 540-743-4142
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Know All Men By Those Present: That I (We)

(Name)_____ (Phone)_____

(Address)_____
the owner(s) of all those tracts or parcels of land ("Property") conveyed to me (us), by deed recorded in the Clerk's Office of the Circuit Court of the County of Page, Virginia, by

Instrument No._____ on Page _____ and is described as

Parcel: _____ Lot: _____ Block: _____ Section: _____ Subdivision: _____

(Name)_____ (Phone)_____

(Address)_____
To act as my true and lawful attorney-in-fact for and in my (our) name, place, and stead with full power and authority I (we) would have if acting personally to file planning applications for my (our) above described Property, including:

_____ **Rezoning**
_____ **Special Use Permit**
_____ **Variance or Appeal**
_____ **Subdivision Waiver**

My attorney-in-fact shall have the authority to offer proffered conditions and to make amendments to previously approved proffered conditions except as follows:

_____
This authorization shall expire one year from the day it is signed, or until it is otherwise rescinded or modified.
I witness thereof, I (we) have hereto set my (our) hand and seal this _____ day of _____, 20____,

Signature(s)_____

State of Virginia, City/County of _____, To-wit:

I, _____, a Notary Public in and for the jurisdiction aforesaid, certify that the person(s) who signed to the foregoing instrument personally appeared before me and has acknowledged the same before me in the jurisdiction aforesaid this _____ day of _____, 20____,

_____ My Commission Expires: _____
Notary Public