

***SPECIAL USE PERMIT APPLICATION
TOWN OF LURAY, VIRGINIA***

Application Date: _____ Submittal Deadline: _____

Council Meeting Date: _____

Special Use Permit Number Assigned: _____ Fee Paid _____

1. Applicant is the property owner _____ or other _____

2. OWNER - OCCUPANT - (If other than owner.)

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

3. The property is located: (Please give exact directions)

4. The property fronts state route _____ and consists of _____ acres. (Exact acreage.)

5. The property is owned by _____ as evidenced by deed
from _____, recorded in deed book
number _____ on page number _____, registry of the County of _____ Page. _____

6. The property is designated as parcel number: _____
on tax map number _____ in the Town of Luray.

7. The type of use proposed: _____

8. It is proposed that the following additions / improvements to existing buildings will be
constructed. _____

9. It is proposed that the following buildings be constructed: _____

The following list consists of all individuals, firms, corporations, and businesses owning property adjacent to both sides and rear, and in front of (across street from) the property. Use additional pages if needed. These people will be notified by mail of this application.

NAME	ADDRESS	TAX MAP I.D. #

NAME	ADDRESS	TAX MAP I.D. #

NAME	ADDRESS	TAX MAP I.D. #

NAME	ADDRESS	TAX MAP I.D. #

NAME	ADDRESS	TAX MAP I.D. #

NAME	ADDRESS	TAX MAP I.D. #

NAME	ADDRESS	TAX MAP I.D. #

NAME	ADDRESS	TAX MAP I.D. #

NAME	ADDRESS	TAX MAP I.D. #

9. Additional comments if any:

I (we), the undersigned, do hereby respectfully agree to comply with any conditions required by the Town Council of Luray, Virginia and authorize the Town to go upon the property for the purpose of making site inspections.

Signature of Owner: _____

Signature of Applicant: _____

Complete Mailing Address: _____

Telephone Number: _____

OFFICE USE ONLY

Planning Commission Public Hearing Recommendation (Date)_____

_____**Approval** ____**Denial** **Signed:** _____
(Zoning Administrator)

Town Council of Luray Public Hearing Action (Date)_____

_____**Approval** ____**Denial** **Signed:** _____
(Town Manager)

Please use this page to sketch an aerial view of the property and structure(s). Show all proposed and/or existing structures on property, including measurements to all property lines and street names located adjacent to the lot.

BUILDING DIMENSIONS

FRONT

Street

*Please submit completed application to the Town of Luray Offices at
45 East Main Street in Luray, Virginia
540-743-5511*