

SPECIAL USE PERMIT APPLICATION PACKAGE



PAGE COUNTY, VIRGINIA

Planning and Community Development Department

103 South Court Street, Suite B

Luray, VA 22835

Phone: (540) 743-1324

Fax: (540) 743-1419

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 prior to submitting the application to the Planning and Community Development Office. An application will not be considered complete without all agency comments.
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 to property lines. You must also include any parking spaces, proposed signs, and lighting description.
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 and Community Development Office at (540) 743-1324, 8 a.m. to 4 p.m., Monday through Friday.

ADDITIONAL INFORMATION MAY BE REQUIRED IF OUR DEPARTMENT 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 as follows:

\$500.00 for home occupation

\$900.00 for a special use permit
(Fee is per parcel unless parcels are contiguous)

\$5,800.00 for telecommunication towers

\$2,200.00 for collocating antennas on towers

The Special Use Permit application fee is due upon submittal of the completed application and is non-refundable. Please make check payable to the County of Page.

PUBLIC HEARING SIGN

There is also a \$50.00 refundable deposit for a public hearings 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 each public hearing and maintained so as to be visible from adjoining roads and property until after the public hearings. 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.

REVIEW PROCESS

Your rezoning application will most likely be reviewed at a Planning Commission work session, and later entertained at a Planning Commission public hearing. The Planning Commission will submit a recommendation to the Page County Board of Supervisors usually at the public hearing. The application will then be forwarded to the Board of Supervisors for review, and later entertained at the Board of Supervisors public hearing for decision.

**COUNTY OF PAGE
SPECIAL USE PERMIT APPLICATION**

FOR OFFICE USE ONLY:

DATE RECEIVED: _____	DENSITY RANGE: _____
AMOUNT PAID: _____	RECEIPT #: _____

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

2. OWNER/MAILING ADDRESS

OCCUPANT (If other than owner)

Name: _____ Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

3. Site Address: _____

4. Directions to property:

5. Property size: _____

6. Tax Map Number: _____

Magisterial District: _____

7. Current use of the property: _____

8. Description of proposed use: _____

Size of building(s), if any: _____

9. Present Zoning: _____ A-1 (Agriculture) _____ R (Residential)

_____ C-1 (Commercial) _____ I (Industrial)

_____ W-C (Woodland Conservation)

10. 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: _____

COMMENTS BY PLANNING AND COMMUNITY DEVELOPMENT OFFICE:

ZONING ADMINISTRATOR

DATE

Submit names and complete mailing addresses of ALL adjoining property owners, including property owners across any road or right-of-way (Continue on separate sheet if needed).

Note: 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 VERIFICATION:

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 PROPERTY 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 AND COMMUNITY DEVELOPMENT
DEPARTMENT.

VIRGINIA DEPARTMENT OF TRANSPORTATION- HARRISONBURG RESIDENCY
3536 NORTH VALLEY PIKE
HARRISONBURG, VIRGINIA 22802
(540) 434-2587

DATE

VDOT OFFICIAL

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

DATE

HEALTH OFFICIAL

PAGE COUNTY BUILDING OFFICIAL
103 S COURT STREET, SUITE B
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 and Community Development (540) 743-1324

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