



SUP# _____

SPECIAL USE PERMIT APPLICATION

NOTE: This application must be filled out completely and all submission requirements must be met before the application can be accepted and scheduled for review/Public Hearing.

NAME OF BUSINESS/APPLICANT: _____

SITE ADDRESS: _____

ZONING DISTRICT: R-1 R-2 B-1 B-2 I-1 C-1 **SITE PLAN PROPOSED:** Yes No

PROPOSED USE(S): _____ **CODE SECTION(S) #:** _____

BRIEF DESCRIPTION OF ACTIVITY: *In the space below or in an attached narrative, please describe in detail the proposed activity including size and type of proposed/existing structures, hours of operation, type of clientele, number of vehicles anticipated to visit the site during an average workday and any other changes that will affect the nature or appearance of the structure(s) or site.*

Supporting Documentation (attached): Narrative (addressing criteria of Section 58-9(d)) Plan/Plat

ADDITIONAL INFORMATION FOR HOME OCCUPATIONS (SUBJECT TO SECTION 58-16):

TYPE OF STRUCTURE: SFD TH **TOTAL FLOOR AREA OF MAIN STRUCTURE:** _____ (sq. ft.)

FLOOR AREA DEVOTED TO HOME OCCUPATION: _____ (sq. ft.)

NUMBER / TYPE OF VEHICLES: _____

NUMBER / TYPE OF EQUIPMENT AND METHOD OF STORAGE (i.e. garage, accessory storage, etc.):

OFF-STREET PARKING SPACES PROVIDED: _____ **NO. OF EMPLOYEES WORKING FROM SITE:** _____

FEE: \$500 Residential \$200 Residential In-Home Business
 \$350 Commercial (no land disturbance) \$1,500 Commercial (land disturbance)

| APPLICANT/PERMIT HOLDER INFORMATION | | | PROPERTY OWNER INFORMATION | | |
|-------------------------------------|-------|-----|----------------------------|-------|-----|
| Name | | | Name | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| Phone#(s) | | | Phone#(s) | | |
| Email Address | | | Email Address | | |



**TOWN OF HAYMARKET
SPECIAL USE PERMIT APPLICATION**

SUP# _____

APPLICANT / PROPERTY OWNER CONSENT

*******REQUIRED*******

I, as owner or authorized agent for the above-referenced parcel, do hereby certify that I have the authority to make the foregoing application and that the information provided herein or attached hereto is correct and a true representation of the activity and method of operation described. Construction of any improvements described herein and as shown on the attached plat, plan and/or specifications will comply with the ordinances of the Town of Haymarket, any additional restrictions and/or conditions prescribed by the Planning Commission or the Town Council, and all other applicable laws.

Applicant Signature

Property Owner Signature

Date

Date

*****OFFICE USE ONLY*****

DATE FILED: _____ **FEE AMOUNT:** _____ **DATE PAID:** _____

DATE TO ZONING ADMINISTRATOR: _____ **STAFF REVIEW COMPLETE:** _____

APPLICABLE ZONING ORDINANCE SECTION(S) / RECOMMENDED CONDITIONS:

ZONING ADMINISTRATOR

DATE

DATE TO PLANNING COMMISSION: _____ **PUBLIC HEARING DATE:** _____

RECOMMEND APPROVAL RECOMMEND DENIAL NO RECOMMENDATION

RECOMMENDED CONDITIONS:

CHAIRMAN

DATE

DATE TO TOWN COUNCIL: _____ **PUBLIC HEARING DATE:** _____

APPROVED DENIED

CONDITIONS:

