



PRD 4/11/2019 RB SUP# 2019

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.

RECEIVED APR 11 2019

TOWN OF HAYMARKET

NAME OF BUSINESS/APPLICANT: Wonderful Haymarket LLC

SITE ADDRESS: 14901 Washington Street, Haymarket, VA 20169

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

PROPOSED USE(S): Dental Office 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.*
This is a Non-Disturbance Special Use Permit application to use the building as a Dental Office Facility

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		
Jeffrey Moon			Jeffrey Moon		
Name			Name		
4372 Thomas Brigade Ln			4372 Thomas Brigade Ln		
Address			Address		
Fairfax	VA	22033	Fairfax	VA	22033
City	State	Zip	City	State	Zip
8042440019			8042440019		
Phone#(s)			Phone#(s)		
jmoon@vcu.edu			jmoon@vcu.edu		
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.

[Signature]
Applicant Signature

[Signature]
Property Owner Signature

4/8/2019
Date

4/8/2019
Date

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

DATE FILED: April 11, 2019 FEE AMOUNT: \$ _____ DATE PAID: _____

DATE TO ZONING ADMINISTRATOR: April 12, 2019 STAFF REVIEW COMPLETE: May 8, 2019

APPLICABLE ZONING ORDINANCE SECTION(S) / RECOMMENDED CONDITIONS:

[Signature]
ZONING ADMINISTRATOR

May 08, 2019
DATE

DATE TO PLANNING COMMISSION: May 16, 2019 PUBLIC HEARING DATE: June 3rd, 2019
** via Agenda Packet at 6:00pm*

RECOMMEND APPROVAL RECOMMEND DENIAL NO RECOMMENDATION

RECOMMENDED CONDITIONS:

CHAIRMAN

DATE

DATE TO TOWN COUNCIL: _____

PUBLIC HEARING DATE: _____

APPROVED DENIED

CONDITIONS:
