



The City
of
Hopewell, Virginia

300 N. Main Street · Department of Development · (804) 541-2220 · Fax: (804) 541-2318

CONDITIONAL USE PERMIT APPLICATION

APPLICATION FEE: \$300

APPLICATION #

APPLICANT: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

INTEREST IN PROPERTY: _____ OWNER OR _____ AGENT
*IF CONTRACT PURCHASER, PROVIDE A COPY OF THE CONTRACT OR A LETTER
OF THE PROPERTY OWNER'S CONSENT TO MAKE APPLICATION.*

OWNER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

PROPERTY ADDRESS / LOCATION:

PARCEL #: _____ ACREAGE: _____ ZONING: _____

*** IF REQUIRED BY ARTICLE 16 OF THE ZONING ORDINANCE, ***
A SITE PLAN MUST ACCOMPANY THIS APPLICATION

ATTACH A SCALED DRAWING OR PLAT OF THE PROPERTY SHOWING:

1. FLOOR PLANS OF THE PROPOSED BUILDINGS. _____

2. THE PROPOSED DEVELOPMENT WITH FRONT, SIDE, AND REAR ELEVATIONS. _____

THIS REQUEST FOR A CONDITIONAL USE PERMIT IS FILED UNDER SECTION _____ OF THE ZONING ORDINANCE.

PRESENT USE OF PROPERTY:

THE CONDITIONAL USE PERMIT WILL ALLOW:

PLEASE DEMONSTRATE THAT THE PROPOSAL AS SUBMITTED OR MODIFIED WILL NOT AFFECT ADVERSELY THE HEALTH, SAFETY, OR WELFARE OF PERSONS RESIDING OR WORKING IN THE NEIGHBORHOOD OF THE PROPOSED USE.

PLEASE DEMONSTRATE THAT THE PROPOSAL WILL NOT BE DETRIMENTAL TO PUBLIC WELFARE OR INJURIOUS TO THE PROPERTY OR IMPROVEMENTS IN THE NEIGHBORHOOD.

PLEASE DEMONSTRATE HOW THE PROPOSAL AS SUBMITTED OR MODIFIED WILL CONFORM TO THE COMPREHENSIVE PLAN AND THE PURPOSES AND THE EXPRESSED INTENT OF THE ZONING ORDINANCE.

AS OWNER OF THIS PROPERTY OR THE AUTHORIZED AGENT THEREFOR, I HEREBY CERTIFY THAT THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME

OFFICE USE ONLY

DATE RECEIVED _____ DATE OF ACTION _____

_____ APPROVED _____ DENIED

_____ APPROVED WITH THE FOLLOWING CONDITIONS:
