



The City  
of  
Hopewell, Virginia

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

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## SPECIAL USE PERMIT APPLICATION

Application fee: \$200

*THIS APPLICATION GOES BEFORE THE BOARD OF ZONING APPEALS. A PUBLIC HEARING, WITH ADVERTISEMENT AS REQUIRED BY THE STATE CODE, IS REQUIRED FOR ALL ACTIONS OF THE BOARD.*

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

INTEREST IN PROPERTY: \_\_\_\_\_ OWNER OR \_\_\_\_\_ AGENT  
*IF CONTRACT PURCHASER, PROVIDE A COPY OF THE CONTRACT OR A LETTER OF THE PROPERTY OWNER'S CONSENT.*

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

PROPERTY ADDRESS / LOCATION:

\_\_\_\_\_

PARCEL #: \_\_\_\_\_ ACREAGE: \_\_\_\_\_ ZONING: \_\_\_\_\_

ATTACH A SCALED DRAWING OR PLAT OF THE PROPERTY SHOWING:

- TOTAL AREA \_\_\_\_\_
- LOCATION OF ALL BUILDINGS, STRUCTURES, SHEDS, AND FENCES \_\_\_\_\_
- THE PROPOSED DEVELOPMENT WITH FRONT, SIDE, AND REAR SETBACKS  
AS WELL AS PARKING \_\_\_\_\_

THIS REQUEST FOR A SPECIAL USE PERMIT IS FILED UNDER SECTION

\_\_\_\_\_ OF THE ZONING ORDINANCE.

PRESENT USE OF PROPERTY:

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THE SPECIAL USE PERMIT WILL ALLOW:

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PLEASE DEMONSTRATE HOW THE PROPOSED USE WILL BE IN HARMONY WITH THE PURPOSE OF THE SPECIFIC DISTRICT IN WHICH IT WILL BE PLACED.

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PLEASE DEMONSTRATE HOW THERE WILL BE NO UNDUE ADVERSE IMPACTS ON THE SURROUNDING NEIGHBORHOOD IN TERMS OF PUBLIC HEALTH, SAFETY, OR GENERAL WELFARE, AND SHOW THE MEASURE TO BE TAKEN TO ACHIEVE SUCH GOALS.

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*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'S PRINTED NAME

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OFFICIAL USE ONLY

DATE RECEIVED: \_\_\_\_\_ DATE OF FINAL ACTION: \_\_\_\_\_

ACTION TAKEN:

\_\_\_\_\_ APPROVED      \_\_\_\_\_ DENIED

\_\_\_\_\_ APPROVED WITH THE FOLLOWING CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_