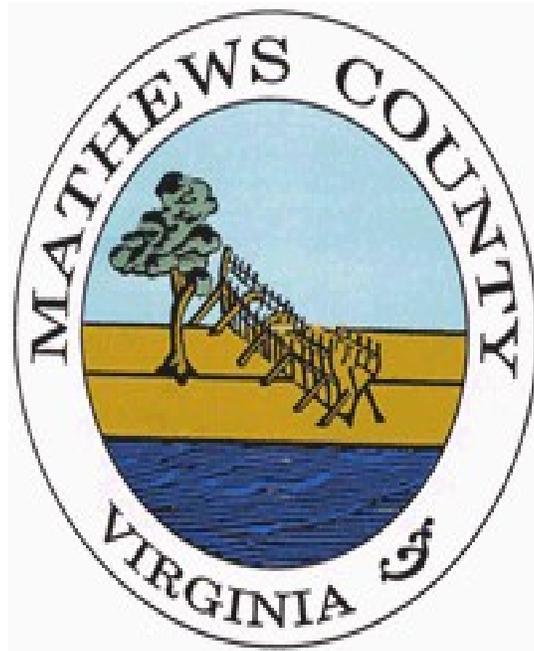


APPLICATION FOR CONDITIONAL USE PERMIT



**DEPARTMENT OF PLANNING & ZONING
COUNTY OF MATHEWS, VIRGINIA
50 BRICKBAT RD., SUITE 208
P.O. BOX 839
MATHEWS, VIRGINIA 23109
Ph: 804-725-4034
Fax: 804-725-7249**

APPLICATION FOR CONDITIONAL USE PERMIT

TO THE BOARD OF SUPERVISORS OF THE COUNTY OF MATHEWS, VIRGINIA

I (We) _____

Do hereby submit this request in accordance with Section _____ of the County of Mathews Zoning Ordinance, a Conditional Use Permit to:

State specifically all activities and materials required by this proposed use, attach additional pages if necessary.



Office Use Only

This application has been processed according to the provisions of the County of Mathews Code of Ordinances and has been reviewed and found to be in conformance with the intent of the County Zoning Ordinance.

Approval is subject to the conditions and restrictions as specified to wit:

Date issued

Director of Planning & Zoning

AFFIDAVIT

**STATE OF VIRGINIA,
COUNTY OF MATHEWS**

This _____ day of _____, 200_____,

I, _____ (Owner), hereby make oath that no member of the Board of Supervisors of the County of Mathews, Virginia, nor the Planning Commission of the County of Mathews, Virginia, has interest in such property, either individually, by ownership of stock in a corporation owning such land, or partnership, or as holder of ten (10) percent or more of the outstanding shares of stock in or as a director or officer of any corporation owning such land, directly or indirectly, by such member or members of his immediate household, except as follows:

Owner/Contract Purchaser/Authorized Agent
(circle one)

**COMMONWEALTH OF VIRGINIA:
County of Mathews**

Subscribed and sworn to before me this _____ day of _____, 200_____, in my County and State aforesaid, by the aforementioned Principal.

NOTARY PUBLIC

My Commission Expires: _____

SPECIAL POWER OF ATTORNEY AFFIDAVIT

**STATE OF VIRGINIA,
COUNTY OF MATHEWS**

This _____ day of _____, 200_____,
I, _____ (Owner/contract purchaser) of
_____ (tax map identification number) hereby make, constitute, and
appoint _____, my true and lawful
attorney-in-fact, and in my name, place and stead giving unto said
_____ full power and authority to do and perform all
acts and make all representation necessary, without any limitation whatsoever, to make application for said
Conditional Use Permit.

The right, powers, and authority of said attorney-in-fact herein granted shall commence and be in full force and
effect on _____ 200_____, and shall remain in full force and effect thereafter until
actual notice, by certified mail, return receipt requested is received by the Planning and Zoning Office of the
County of Mathews stating that the terms of this power have been revoked or modified.

Owner/Contract Purchaser

**COMMONWEALTH OF VIRGINIA:
County of Mathews**

Subscribed and sworn to before me this _____ day of _____, 200_____, in my
County and State aforesaid, by the aforementioned Principal.

NOTARY PUBLIC

My Commission Expires: _____

**CONDITIONAL USE PERMIT
Submission Requirements**

All information must be completed in its entirety, or an explanation must be provided in the comments spaces, otherwise the application will not be accepted for further processing.

TO BE COMPLETED BY APPLICANT

PROJECT NAME/PROPOSED USE: _____

ADDRESS: _____

TAX MAP # : _____

OWNER(S): _____

PHONE #: _____

APPLICANT/AGENT: _____

PHONE #: _____

ATTORNEY: _____

PHONE #: _____

NAME AND ADDRESS OF PERSON TO RECEIVE CORRESPONDENCE:

ATTACH A LIST OF ALL ADJACENT PROPERTIES TO THE SUBJECT PROPERTY (To include the Tax Map#, property owner's name and mailing address, and the property address if different from the owner's address).

ATTACH PLAT OF PROPERTY SHOWING EXISTING STRUCTURES AND PROPOSED USES AND STRUCTURES

Office Use Only

DATE RECEIVED: _____ DATE/AMOUNT OF FEE: _____

DATE/PERSON REVIEWED BY: _____

DATE OF PLANNING COMMISSION REVIEW: _____

DATE OF BOARD OF SUPERVISORS
APPROVAL/DISAPPROVAL: _____

REASON(S) FOR DISAPPROVAL: _____
