

APPLICATION FOR CONDITIONAL USE PERMIT



**TOWN OF DUMFRIES, VIRGINIA
17755 MAIN STREET
P.O. BOX 56
DUMFRIES, VIRGINIA 22026
703-221-3400 Ext. 118
Fax: 703-221-3544**

APPLICATION FOR CONDITIONAL USE PERMIT

TO THE MAYOR AND TOWN COUNCIL OF THE TOWN OF DUMFRIES, VIRGINIA

I (We) _____
Do hereby submit this request in accordance with Section _____ of the Town of Dumfries Code of Ordinances, 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 Town of Dumfries Code of Ordinances and has been reviewed and found to be in conformance with the intent of the Town Zoning Ordinance.

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

Date issued

Zoning Administrator

AFFIDAVIT

**STATE OF VIRGINIA,
COUNTY OF PRINCE WILLIAM**

This _____ day of _____, 200_____,

I, _____ (Owner), hereby make oath that no member of the Town Council of the Town of Dumfries, Virginia, nor the Planning Commission of the Town of Dumfries, 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 Prince William**

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 PRINCE WILLIAM**

This _____ day of _____, 200_____,
I, _____ (Owner/contract purchaser) of
_____ (geographical parcel 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 Zoning office of the Town of
Dumfries stating that the terms of this power have been revoked or modified.

Owner/Contract Purchaser

**COMMONWEALTH OF VIRGINIA:
County of Prince William**

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: _____

GPIN # : _____

OWNER(S): _____

PHONE #: _____

APPLICANT/AGENT: _____

PHONE #: _____

ATTORNEY: _____

PHONE #: _____

NAME AND ADDRESS OF PERSON TO RECEIVE CORRESPONDENCE:

ATTACH A LIST OF ALL PROPERTIES WITHIN 200 FEET OF THE SUBJECT PROPERTY (To include the GPIN#, property owner's name and mailing address, and the property address if different from the owner's address.

Office Use Only

DATE RECEIVED: _____ DATE/AMOUNT OF FEE: _____

DATE/PERSON REVIEWED BY: _____

DATE OF PLANNING COMMISSION REVIEW: _____

DATE OF TOWN COUNCIL APPROVAL/DISAPPROVAL: _____

REASON(S) FOR DISAPPROVAL: _____
