



DUMFRIES, VIRGINIA

17755 Main Street
Dumfries, Virginia 22026-2386
703-221-3400

www.dumfriesva.gov

date stamp

paid stamp

Taxes current Yes No

APPLICATION FOR A CONDITIONAL USE PERMIT

Fee: \$300.00 plus costs for public hearing advertisements (determined later)

Name of Business or Organization: _____
If organization is a non-profit, please provide a copy of your 501(c)3

Site address in Town: _____

I hereby submit this request for a Conditional Use Permit in accordance with Section 70-_____ of the Town of Dumfries Zoning Ordinance, to:

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

Type of business or use

- | | | | |
|----------------------------------|--------------------------|-------------------------------------|--------------------------|
| Use with a drive-through window | <input type="checkbox"/> | Child care or adult day care center | <input type="checkbox"/> |
| Automobile sales or service | <input type="checkbox"/> | Convenience store | <input type="checkbox"/> |
| Church or charitable institution | <input type="checkbox"/> | Other | <input type="checkbox"/> |

- | | | |
|---|------------------------------|-----------------------------|
| Can customers or the public visit the site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the building contain assembly area (church, auditorium, or movie theater)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is equipment brought to the site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the business contain any equipment beyond desktop computers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are vehicles larger than an SUV parked onsite? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I hereby certify that I have the authority to make the foregoing application on behalf of the named business or organization, that the information given is correct, that I have read and I understand the applicable zoning ordinances for the zoning district, and that this project will comply with all applicable Codes and Ordinances of the Town of Dumfries and the State of Virginia.

Applicant

Name _____ <small>Please Print</small>	Signature _____
Address _____	Phone _____
_____	Email _____

If an attorney will represent you in all matters regarding this application, please fill out this

SPECIAL POWER OF ATTORNEY AFFIDAVIT

STATE OF VIRGINIA,

COUNTY OF PRINCE WILLIAM

This _____ day of _____, 201_____,

I, _____ (Owner/contract purchaser/applicant) for

_____ (subject property address) 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 _____ 201_____, 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: _____