PCR# _____
Date _____

CITY OF WILLIAMSBURG
APPLICATION FOR A SPECIAL USE PERMIT

401 Lafayette Street
Williamsburg, VA 23185-3617
(757) 220-6130 FAX: (757) 220-6130

Applicant_____
Address _____
City, State, Zip _____
Phone _____
Email _____

Owner _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Representative _____
City, State, Zip _____
Email _____

Address: _____
Phone _____

Location of Request _____

Tax Map Number _____ Zoning _____

Proposed Special Use _____

I/We, as (Owner) (Contract Purchaser with Owner's Written Consent) (Owner's Agent) of the property mentioned above, hereby petition the Williamsburg City Council to approve the above-described special use. **A special use permit if granted, shall expire one-year from the date of approval, unless a final site plan has been approved.**

_____ _____
Signature of Applicant Date

_____
Printed Name of Applicant

Sworn before me this ____ day of _____, 20___

_____ _____
Notary Commission Expiration

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Statement by Applicant

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Planning Commission Public Hearing Date: _____
Planning Commission Action:

_____
Action Date

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City Council Public Hearing Date: _____
City Council Action:

_____
Action Date