



**TOWN OF MIDDLEBURG
SPECIAL USE PERMIT APPLICATION**

**10 West Marshall Street, P.O. Box 187
Middleburg, VA 20118
(540) 687-5152 FAX (540) 687-3804**



Application # SU _____

Please print or type the following information.

Site Address: _____ Parcel #: _____

Applicant: _____ Business Name: _____

Phone Numbers: Work:() _____ Home: () _____ FAX: _____

Address: _____

Owner: _____ Phone: _____ FAX: _____

Address: _____

Size of Parcel: _____ Existing Zoning: _____ Historic Dist.? _____

Proposed Use: _____ Proposed Floor Area of Use: _____

If applicable, # Dwellings: _____

Description of Intended Use (Attach Site Plan and any other pertinent information):

Applicant's Signature Date: _____

Owner's Signature Date: _____

OFFICE USE ONLY

Complete Application Received: _____ Fee Amount: _____ Date Paid: _____

Planning Commission Hearing: _____ Action: _____ Approval Conditional Approval

Conditions of Approval: _____

Denial - Reasons: _____

Town Council Hearing: _____ Action: _____ Approval Conditional Approval

Conditions of Approval: _____

Denial - Reasons: _____