

Application No: _____

Zoning District: _____



Magisterial District: _____

ESSEX COUNTY - VIRGINIA

SPECIAL EXCEPTION PERMIT

To: Board of Zoning Appeals

Via: Zoning Administrator

The undersigned owner of the following described property hereby applies for a special exception permit as provided in Section 12-16 of Article 12 of the Zoning Ordinance of Essex County, Virginia.

Applicant's Name: _____

Address of applicant: _____

Applicant's Telephone No: _____

Existing Land Use: _____

Nature of Special Exception Requested: _____

Legal Description of Property (from Real Property Identification Maps):

Lot or Parcel No. _____ in Section _____

Location: NESW side of Route No. _____ about _____ miles from _____

Or: _____ side of _____ Street, between _____ and _____

Lot No. _____ Block _____ Section _____ of _____ Subdivision

Narrative statement evaluating effects on adjoining property (noise, fumes, dust, traffic, etc.):

Discussion of general compatibility with adjacent and other properties in the zoning district:

Application No: _____

Zoning District: _____



ESSEX COUNTY - VIRGINIA

SPECIAL EXCEPTION PERMIT

PAGE 3

Magisterial District: _____

TO BE COMPLETED BY ZONING ADMINISTRATOR

Application Received: ____ / ____ / 20____

Sketch Received: ____ / ____ / 20____

Permit Fee Received: ____ / ____ / 20____

Date Application Forwarded to Board of Zoning Appeals: ____ / ____ / 20____

TO BE COMPLETED BY BOARD OF ZONING APPEALS

Application Received: ____ / ____ / 20____

Public hearing Held: ____ / ____ / 20____

Approved, this _____ day of _____, 20 ____

By: _____, Chairman of Board of Zoning Appeals

Disapproved, this _____ day of _____, 20 ____

By: _____, Chairman of Board of Zoning Appeals

Application No: _____

Zoning District: _____



Magisterial District: _____

ESSEX COUNTY - VIRGINIA

SPECIAL EXCEPTION PERMIT

PAGE 2

Narrative statement as to how the specific criteria set forth in the Schedule of District Regulations will be met:

No. of Acres in Tract: _____ or Size of Lot : _____ x _____

Height of Principal Building: _____ Feet _____ Stories

I hereby certify that I have the authority to make the foregoing application, that the information given is complete and correct to the best of my knowledge, and that construction will conform with the regulations in the Zoning Ordinance and with the description contained in this permit application.

Signature of Applicant or authorized agent: _____

RECEIVED PAYMENT OF \$ _____

Date: _____ / _____ / 20 _____

this ____ day of _____, 20 ____

Fee: \$ _____

ESSEX COUNTY TREASURER

By: _____

STATE OF VIRGINIA,
COUNTY OF ESSEX, to-wit:

I, _____, a Notary Public in and for the County of Essex in the State of Virginia, do hereby certify that _____ whose name is signed to the foregoing writing, bearing date of the _____ day of _____ 20 __, has this day personally appeared before me in my County aforesaid and acknowledged the same.

Given under my hand this _____ day of _____ 20 ____

My Commission expires on _____

Notary Public