Form Z-2

Town of Hurt, Virginia
Application for Special Use Permit

Date of Application _____

Name of Applicant/Property Owner _____

Property Address and Description _____

_____

Zoning District (choose from: R-1, R-2, R-3, C-1, I-1) None

Applicant hereby requests the Town Council of Hurt, Virginia grant a Special Use Permit for the above referenced property for the proposed use(s) and reason(s) as follows (attach separate sheet if needed):

_____

_____

_____

***In submitting this application and by signature below, the applicant understands and agrees to the following procedure:**

- **A plat of the above referenced property, along with a $50 application fee (payable to Town of Hurt) must be submitted to the Town Clerk's office for consideration by the Zoning Administrator.**
- **The Zoning Administrator will then refer the request to the Hurt Planning & Zoning Commission, which will in turn review the request and make a recommendation to Hurt Town Council for approval, denial, or approval with stated conditions.**
- **Town Council will consider the Planning & Zoning Commission's recommendation, hold a public hearing to receive public feedback, and then make the final decision as to whether the requested Special Use Permit is approved as presented, denied, or approved with stated conditions.**

Signature of Applicant _____

Office Use Only

Officials	Date	Action Taken
Zoning Administrator	_____	_____
Planning Commission	_____	_____
Town Council	_____	_____

Web: townofhurtva.gov Facebook: Town of Hurt, Virginia
533 Pocket Road, PO Box 760, Hurt, VA 24563
Office: 434-608-0554 Fax: 434-205-1177