

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) _____

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	_____	_____

