



County of Gloucester
Department of Planning and Zoning
6489 Main Street
Gloucester, Virginia 23061
804-693-1224 FAX 804-824-2441

FOR OFFICE USE ONLY

Date Received _____
Date Complete _____
Tax Map/Parcel No. _____
Receipt No. _____
Received by _____

APPLICATION FOR A CONDITIONAL USE PERMIT

TRANSITIONAL HOME (up to 8 residents)
TRANSITIONAL COMMUNITY FACILITY (9 to 50 residents)

A. PROPERTY INFORMATION:

Property Owner Name: _____
Mailing Address: _____
E-911 Address: _____
Magisterial District: _____ Tax Map: _____

B. SUPPORTING DOCUMENTATION

At a *minimum* the following documentation is required for this application to be deemed complete:

- Pre-application meeting held on _____ (application will be accepted only after meeting)
- Site Plan meeting the requirements of Section 14-23b(1)
- Front, side and rear elevations and floor plans of the buildings proposed for this use
- Business plan
- Operations plan (including source of funding, list of principals, governing body (if applicable), type of management)
- Administrator's experience and qualifications

Other information may be deemed necessary to adequately review the application and potential impacts (see list of potential conditions)

C. CRITERIA

The following code sections apply to this request:

See Appendix B: Zoning Ordinance for the Criteria Mentioned Below

- Section 2-2 - Definitions – number of residents proposed: _____
- Section 5-2 - Official Schedule of District Regulations – zoning of property: _____
- Article 9 - Supplementary District Regulations – Transitional Homes and Community and Community Facilities
- Article 14 - Administrative Procedures, Conditional Use Permits
- See Attached List of Possible Conditions that may be considered by the PC and BOS for this use, particularly if a license is not obtainable or applicable to this use.
 - License to Operate will be obtained from: _____
 - License to Operate is not obtainable or applicable to this home or facility _____
 - Reason : _____

D. LIST THE NAMES AND ADDRESSES OF OWNERS OR OCCUPANTS OF ALL ADJACENT PROPERTY OR PROPERTY ACROSS A ROAD, HIGHWAY OR RAILROAD RIGHT-OF-WAY. ADDRESSES SHOULD COINCIDE WITH THOSE IN THE COMMISSIONER OF THE REVENUE OFFICE. (Please Print)

NAME	ADDRESS	TAX MAP/PARCEL#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned declare(s) that the above statements and those contained in any exhibits transmitted to the Gloucester County Board of Supervisors are true.

PERSON(S) REPRESENTING THE APPLICATION:

Name: _____ (Signature)
 Address: _____ (Date)
 _____ Phone: _____

OWNER(S) OF THE PROPERTY:

Name: _____ (Signature)
 Address: _____ (Date)
 _____ Phone: _____

By signing the above I hereby grant permission to the designated personnel of Gloucester County, and any other agency deemed appropriate by Gloucester County, to enter the subject property for purpose of review of the proposed application, to post signs prior to the public hearing by the Planning Commission, and to remove said signs after the public hearing by the Board of Supervisors.

IMPORTANT: The conditional use permit application must be deemed complete before it can be transmitted to the Planning Commission to request a public hearing be scheduled.

Submit completed application and supporting documents to the Department of Planning & Zoning

Conflict of Interest Statement

In accordance with Section 14-22 of the Gloucester County Zoning Ordinance, I certify that my application for zoning amendment, ___ variance, and ___ zoning appeal, ___ special exception, or ___ conditional use permit is subject to the following is subject to the following:

Does any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition, either individually, or by ownership of stock in a corporation owning such land or partnership?

Yes

No

Does a member of the immediate household of any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition?

Yes

No

If yes to either question above, please state:

Person's name: _____

Member of: _____

Nature of their interest: _____

I, _____, hereby certify that the information contained in this conflict of interest statement is true and correct to the best of my knowledge.

(Signature)

Date

CITY/COUNTY OF _____
COMMONWEALTH OF VIRGINIA

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20__ by _____.

Notary Public

(Seal)

Notary Registration Number: _____

My commission expires: _____