



Conditional Use Permit Application

Contact Information

Applicant Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Applicant's Representative _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Property Owner Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Property Information

Search [City's online GIS "VBMap"](#) for detailed property information.

Address or Location _____

GPIN(s) _____

Land Area (acres or square feet) _____ Local Election District _____

Existing Zoning _____

Overlay District Yes No (If yes, specify _____)

Strategic Growth Area (SGA) Yes No (If yes, specify _____)

AICUZ Noise _____ APZ _____ Watershed _____

Special Flood Hazard Area Yes No (If yes, specify _____)

*If you need assistance obtaining any of the above information, please contact the Planning and
Community Development Department at (757) 385-4621 or PlanAdmn@VBgov.com.*



Conditional Use Permit Application

Conditional Use Permit Request

Type of Conditional Use Permit being requested (as listed in the applicable Zoning District Use Regulations) _____

Conditional Use Permit Details

Please provide a detailed description of the proposal below. Include information related to previously approved City Council actions, pending or anticipated variance requests and/or Chesapeake Bay Preservation Act requests, number of units, square footage of building, exterior building materials, hours of operation, number of employees, etc.

Applicant Signature

Applicant Name

Applicant Signature