

photocopied signatures will not be accepted.

## Application for SPECIAL USE PERMIT

Department of Planning and Development Review
Land Use Administration Division
900 E. Broad Street, Room 511
Richmond, Virginia 23219
(804) 646-6304
bttp://www.ichminidagy.com/

Application is hereby submitted for: (check one) special use permit, new Special use permit, plan amendment special use permit, text only amendment Project Name/Location Property Address: 14() Tax Map #: Total area of affected site in acres: (See page 6 for fee schedule, please make check payable to the "City of Richmond") **Current Zoning** enouse, distrib, office **Proposed Use** (Please include a detailed description of the proposed use in the required applicant's rapping 11 F1001 0+ +6WP (1) +6 AMTMENT Is this property subject to any previous land use cases? If Yes, please list the Ordinance Number: Applicant/Contact Person: Company: Mailing Address City: State: Zip Code: Telephone: Fax: \_( Email: **Property Owner:** If Business Entity, name and title of authorized signee: 170 (The person or persons executing or attesting the execution of this Application on behalf of the Company certifies that he or she has or have been duly authorized and empowered to so execute or attest.) Mailing Address City: Zip Code: Telephone: Fax: ( Email: MASIM **Property Owner Signature:** The names, addresses, telephone numbers and signatures of all owners of the property are required. Please attach additional sheets as needed. If a legal representative signs for a property owner, please attach an executed power of attorney. Faxed or

NOTE: Please attach the required plans, checklist, and a check for the application fee (see Filing Procedures for special use permits)