

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
http://www.richmondgov.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: Tax Map #: W 8000 6413 Fee: Total area of affected site in acres: 129
(See <i>page 6</i> for fee schedule, please make check payable to the "City of Richmond")
Zoning Current Zoning: Existing Use: DAYMA Lat
Proposed Use (Please include a detailed description of the proposed use in the required applicant's report Existing Use: Proposed Use (Please include a detailed description of the proposed use in the required applicant's report (Please include a detailed description of the proposed use in the required applicant's report (Please include a detailed description of the proposed use in the required applicant's report (Please include a detailed description of the proposed use in the required applicant's report (Please include a detailed description of the proposed use in the required applicant's report (Please include a detailed description of the proposed use in the required applicant's report (Please include a detailed description of the proposed use in the required applicant's report (Please include a detailed description of the proposed use in the required applicant's report (Please include a detailed description of the proposed use in the required applicant's report (Please include a detailed description of the proposed use in the required applicant's report (Please in the Please
Is this property subject to any previous land use cases? Yes No If Yes, please list the Ordinance Number:
Applicant/Contact Person: 1520 W. MAIN Street JOHN A CONCACTOMPANY: 1520 W. MAIN Street LLC Mailing Address: 1520 W. MAIN Street LLC City: + Character State: Tip Code: 3220 Telephone: (884) 359- 600 2 Fax: (894) 359 6004 Email: 1000 add the caracter Com
Property Owner: 1520 W. MAIN Street, LC If Business Entity, name and title of authorized signee: By John a Control Member
(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: Telephone: () Email: State: Zip Code: Fax: ()
Property Owner Signature: 1520 W. Majasteet, LLC By Whomson Major
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)