

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/

Project Name/Location Property Address:	Date:
Tax Map #:Fee:	Date <u>:</u>
Total area of affected site in acres:	
See page 6 for fee schedule, please make check payable	the "City of Richmond")
Zoning Current Zoning:	
Existing Use:	
Proposed Use	
Please include a detailed description of the proposed us	
Please include a detailed description of the proposed us Existing Use: s this property subject to any previous land uses No	
s this property subject to any previous land uses. Solve No If Yes, please list the Ordinance Applicant/Contact Person: Company: Mailing Address: City:	e cases? Jumber: State: Zip Code:
Please include a detailed description of the proposed use: Existing Use: s this property subject to any previous land uses Yes No If Yes, please list the Ordinance Applicant/Contact Person: Company: Mailing Address: City: Gelephone: _()	cases?
Existing Use: s this property subject to any previous land uses No If Yes, please list the Ordinance Applicant/Contact Person: Company: Mailing Address: City: Felephone: _() Email: Property Owner: SETH CORP C/O KIRK KEIL	Cases?
Existing Use: So this property subject to any previous land uses So this property subject to any previous land uses So No If Yes, please list the Ordinance Applicant/Contact Person: Company: Mailing Address: City: Selephone: City: Selephone: Companil: Property Owner: SETH CORP C/O KIRK KEIL Selephoness Entity, name and title of authorized	signee: Agent of Ow (see attached authorizate)
Existing Use: So this property subject to any previous land uses So this property subject to any previous land uses So No If Yes, please list the Ordinance Applicant/Contact Person: Company: Mailing Address: City: Selephone: City: Felephone: Companil: Property Owner: SETH CORP C/O KIRK KEIL Business Entity, name and title of authorized The person or persons executing or attesting the execution	signee: Agent of Ow (see attached authorizate of this Application on behalf of the Company certifies that he of
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NOTE: Please attach the required plans, checklist, and a check for the application fee (see Filing Procedures for special use permits)