

**Town of Onancock  
SPECIAL USE PERMIT**

Certain uses are not necessarily compatible with the uses traditionally associated with standard districts. If proper mitigating conditions are enacted along with the proposed exception. Such uses may be designated under special exemptions.

Associated uses are allowed in associated districts upon the issuance of a Special Use Permit.

**Project Location**

Street address:

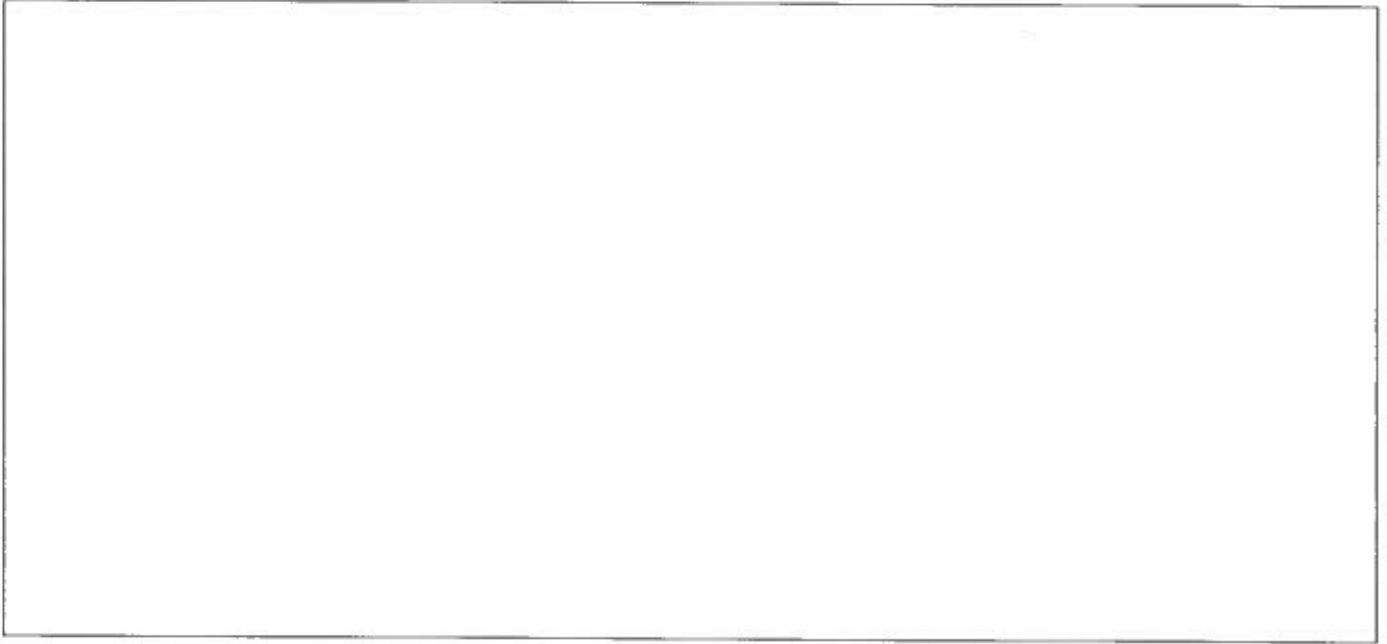
Tax Map, Parcel ID, or GPIN:

Zoning Classification:

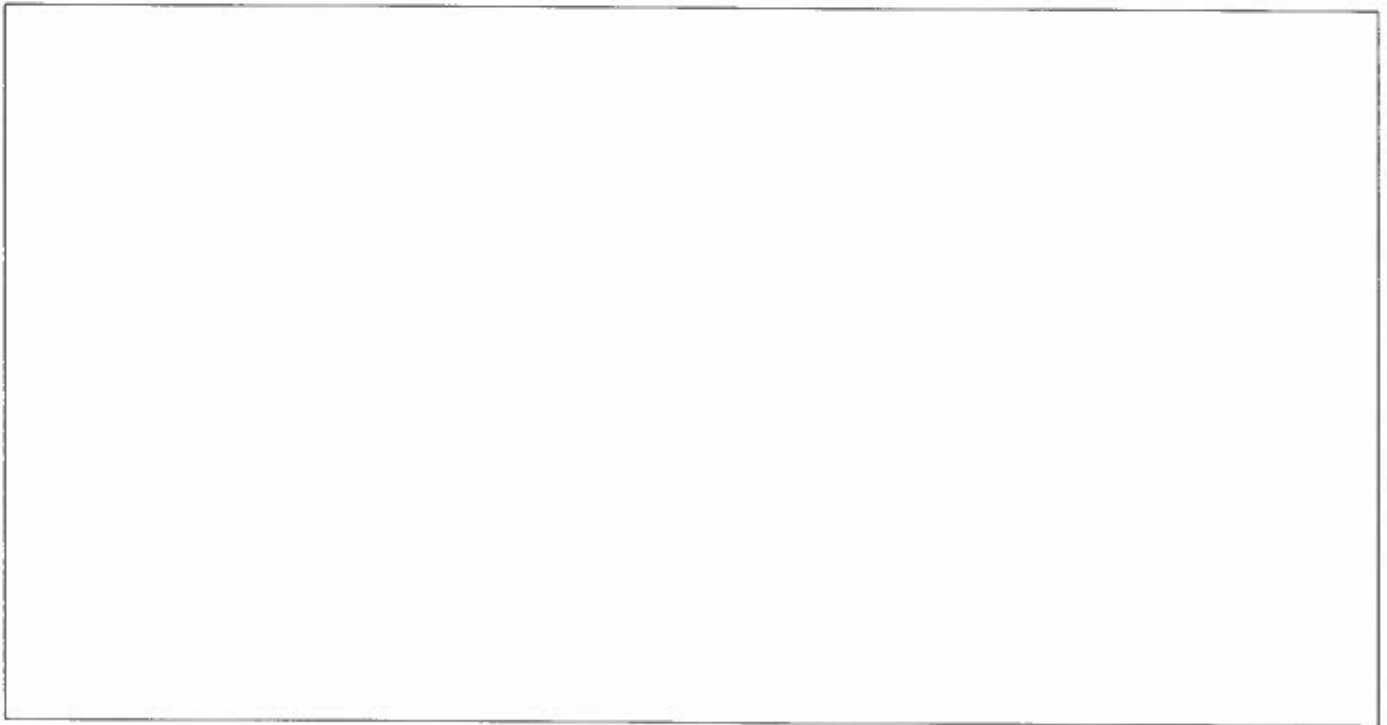
Current Square Feet, # of  
Bedrooms, # of Bathrooms

**Proposed Land Use** (include detail of use, hours of operation, number of employees)

**Site Plan (dimensions from all property lines to the structure include parking and landscaping)**



**Impact Study (traffic, noise, impact on adjacent property)**



# Owner Information

Firm Name: \_\_\_\_\_ Main Office No: \_\_\_\_\_

Address: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_ Cell: \_\_\_\_\_

Business License #: \_\_\_\_\_ E-mail: \_\_\_\_\_

EIN: \_\_\_\_\_ SSN: \_\_\_\_\_

## Process Completion

Check as they apply:

<input type="checkbox"/>	1	Form submitted and fee paid
<input type="checkbox"/>	2	Planning Commission review
<input type="checkbox"/>	3	Second Planning Commission Review (if denied)
<input type="checkbox"/>	4	Joint public hearing with Planning Commission and Town Council
<input type="checkbox"/>	5	Any conditions (detail below)
<input type="checkbox"/>	6	Duration and renewal (details below)
<input type="checkbox"/>	7	Need for utility connection

## Conditions or mitigation to Permit.

## Duration and Renewal

1. All Special Use Permits terminate at the time of sale. All new owners must apply under the then-current ordinance.
2. For use as a short-term-rental, there is a three-year term, at which time the owner must reapply under the then-current ordinance.

## Applicant Signature

Applicant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

### **For Town Use ONLY:**

## Permit Approval

I, \_\_\_\_\_, certify that the application and its submittals have been reviewed against current code and field verified and I approve the application for Accomack County to begin its building permit and inspection process.

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

## Permit Denial

I, \_\_\_\_\_, certify that the application and its submittals have been reviewed against current code and field verified and I deny the application for the reasons detailed below.

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_