



Special Use Permit Application Number _____

Town of Urbanna, Virginia
Application for Special Use Permit – Short Form
For Restaurant Properties Where Previous Use Does Not Change

The undersigned property owner or agent for the property owner, of the following property hereby applies for a Special Use Permit in accordance with Chapter 17, Urbanna Town Code, Article 9, Zoning Ordinance of Urbanna, Virginia.

Applicant / Property Owner Information

Applicant Name _____

Applicant Address _____

City/Town _____

State _____

Zip Code _____

Applicant phone number _____

Applicant fax number _____

You are the () property owner; () Lessee () agent for the property owner.

Note: If you are the agent for the property owner written consent of the owner must be attached to this application.

Property Owner Name _____

Property Owner Mailing Address _____

City/Town _____

State _____

Zip Code _____

Property owner telephone number _____

Property owner fax number _____

Location of Property

Street Address _____

Has previous operator paid all meals taxes, water/sewer fees? ___ Yes ___ No

Date Previous Operation Closed _____

Do you intend to expand the restaurant in any way? ___ Yes ___ No NOTE: Site plan must be attached

Current Zoning District _____ Tax Map 20A DC _____ Lot(s) _____

Overlay District(s): Flood Zone () Zone X () Zone AE Historic District () Yes () No
Chesapeake Bay () RMA () RPA

Previous Use(s) of Property _____

Describe any changes in the use of the property: _____

Proposed Hours of Operation: _____

Middlesex County Building Permit Required? Circle: Yes No

