



**TOWN OF IRVINGTON**

P.O. Box 174  
Irvington, VA 22480  
(804) 438-6230  
[info@irvingtonva.gov](mailto:info@irvingtonva.gov)

|                          |       |
|--------------------------|-------|
| <b>Internal Use Only</b> |       |
| RECEIVED                 | _____ |
| APP FEE PD               | _____ |
| APPLICATION#             | _____ |
| PC Public Hearing        | _____ |
| TC Public Hearing        | _____ |

**CONDITIONAL USE PERMIT APPLICATION FORM (\$200 Fee)**

**IMPORTANT NOTE:** The application must be filled out completely. The application may not be signed by an agent or attorney but must be signed by the owner, agent of owner, or owners in the space provided on page 4.

Applicant Name(s): \_\_\_\_\_

Tax Map Parcel(s): \_\_\_\_\_

Address/Location: \_\_\_\_\_

Deed Restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach copy of deed) Current Zoning \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Acreage of Parcel: \_\_\_\_\_ Chesapeake Bay District Overlay: Yes \_\_\_\_\_ No \_\_\_\_\_

|   |                    |
|---|--------------------|
| A scale drawing (see p.3) is required to be attached to any CUP application. Is a scale drawing attached to this application? | Yes _____ No _____ |
|---|--------------------|

**Owner or Agent of Owner:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Official Owner(s) of Record** (if different than applicant): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Does the property owner also own or have any ownership interest in any abutting property? If yes, please list those tax map numbers:

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Section 154.017 of the Town of Irvington Zoning Ordinance provides guidelines for conditional use permit applications. Please address the following standards which will be reviewed by the staff in analysis of your request. If you need assistance filling out these items, staff is available.

Provide a written statement demonstrating that:

1. The establishment, maintenance or operation of the CUP will not adversely affect the public health, safety, morals and general welfare and is in compliance with the Chesapeake Bay Act;
2. The establishment of the CUP will not substantially diminish or impair property values within the neighborhood, nor will it be detrimental to the environment and surrounding properties;
3. The purpose of the CUP is to provide for certain uses which may not be compatible with certain surrounding uses, or which may be compatible with surrounding uses only if the use in question is established in conformance with certain limiting conditions;
4. That proper landscape designs detailing plantings, screening for sight and sound and proper buffers be provided, that only certain appropriate activities shall occur;
5. Adequate utilities, and off-street parking are provided;
6. That soil erosion and sedimentation be avoided;
7. The height, area, yard and sign limitations shall be the same as for other uses in the district;
8. That businesses and other operations be carried out only at appropriate times;
9. The establishment of the CUP is not in conflict with the Comprehensive Plan;
10. The CUP shall, in all other respects, conform to the applicable regulations of the zoning district in which it is located, except as such regulations may, in each instance, be modified by the Governing Body.

(Governing Body may impose reasonable conditions to make use compatible, to protect environment, surrounding properties, persons, neighborhood values.)

Please attach your written statement with this document upon submission.

Describe your request in detail and include any relevant information such as the number of persons involved in the use, operating hours, or any unique features of the proposed use.

If any improvements are being proposed, briefly state whether new structures are to be constructed, existing structures are to be used or modifications, expansion, reconstruction, or additions are to be made to existing structures. If available, provide dimensions of any structures that will be used for this CUP.

**Attachments Required** - provide three copies of each

1. *A scale drawing showing the size and shape of the parcel of land on which the proposed use is located.* Scale drawing shall show the size and shape of the parcel of land on which the proposed building is to be constructed, the nature of the proposed use of the building or land and the location of such building or use with respect to the property lines of said parcel of land to the right-of-way of any street or highway adjoining said parcel of land.
2. *Ownership information* - If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, an acceptable document must be submitted certifying that the person signing below has the authority to do so.

**Certification**

State of Virginia, Town of Irvington, To Wit

I (We) being duly sworn, depose and say that I am the Owner/Or Agent of Owner of the property involved in the application. If I am not the Owner, I have attached written certification from the owner granting me the right to submit this application. I further declare that I have familiarized myself with the rules and regulations pertaining to preparing and filing this application and that the foregoing statements and answers provided herein are in all respects true and correct.

I have read this application, understand its intent, and freely consent to its filing. Furthermore, I have the power to authorize and hereby grant permission to Town of Irvington officials and other authorized government agents on official business to enter the property as necessary to process this application and to monitor compliance with any permit issued hereunder. I hereby have posted a notice on my property, near the boundary, in a place visible to the public notifying the public of my application.

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Signature of Property Owner or Agent of Owner Date

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Signature of Property Owner (if more than one owner) Date

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

Phone Number: \_\_\_\_\_