



PCR # _____

Date: _____

**CITY OF WILLIAMSBURG
APPLICATION FOR A SPECIAL USE PERMIT**

401 Lafayette Street
Williamsburg, VA 23185-3617
(757) 220-6130 FAX: (757) 220-6130

Applicant _____
Address _____
City, State, Zip _____
Phone/Fax Number _____
Email _____

Owner _____
Address _____
City, State, Zip _____
Phone/Fax Number _____
Email _____

Representative _____
City, State, Zip _____
Email _____

Address: _____
Phone/Fax Number _____

Location of Request _____

Tax Map Number _____ Zoning _____

Proposed Special Use _____

I/We, as (Owner) (Contract Purchaser with Owner's Written Consent) (Owner's Agent) of the property mentioned above, hereby petition the Williamsburg City Council to approve the above described special use.

Signature of Applicant Date

Printed Name of Applicant

Sworn before me this ____ day of _____, 20__

Notary Commission Expiration

Statement by Applicant

Planning Commission Public Hearing Date: _____

Planning Commission Action:

Action Date

City Council Public Hearing Date: _____

City Council Action:

Action Date