



**City of Suffolk Department of Planning**  
**APPLICATION FOR A CONDITIONAL USE PERMIT (CUP)**

<b><i>PART 1- OFFICE INFORMATION: To be completed by staff</i></b>			
Application Number:		Date Submitted:	
Project Address:		Project Name:	
Tax Query:	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	Application Fee Paid:	
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date of Decision:	

<b><i>PART 2- GENERAL INFORMATION: To be completed by applicant</i></b>	
<p><b><u>Important Notice:</u> Applications must be submitted in hard copy with original signatures. Incomplete applications will not be accepted.</b> The estimated review time for a conditional use permit is a minimum of ninety (90) days. It is highly encouraged that applicants attend a pre-submittal meeting, which is coordinated by the Department of Economic Development (514-4040), prior to submitting an application. The following application requirements are consistent with the procedures set forth in Section 31-306, "Conditional Use Permits," and Appendix B, Section B-5 of the Unified Development Ordinance.</p>	
<p><b><u>Application Fee:</u> \$840 + \$21 for each additional acre after one acre</b></p>	
Property Address: _____	Tax Map Number: _____
Account Number: _____	Zoning District: _____
Total Site Acreage: _____	Area Subject to CUP: _____
Is this a request to amend a previously approved CUP on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the previous CUP case number: _____	
<p><b>The applicant shall confirm with staff that the proposed use(s) require a Conditional Use Permit in the underlying zoning district as specified in Table 406-1 of the Unified Development Ordinance.</b></p>	
Summary of Proposed Uses/Improvements to the Property): _____	
_____	
_____	
_____	

**PART 3- REQUIRED INFORMATION FOR APPLICATION: To be completed by applicant**

The applicant must INITIAL next to each item and ATTACH materials in the order that is listed below. In addition, a thumb drive or other device shall be submitted to provide **digital copies** of all materials. All submittal requirements are explained in detail in Appendix B of the Unified Development Ordinance.

If you would like to request a waiver from certain submittal requirements, the attached Waiver Request Form must be completed and signed.

1. **Narrative description** of the property which shall include the Tax Map and Parcel Number, and a legal description, by metes and bounds, of the land to be reclassified. (3 copies) \_\_\_\_\_
2. **Narrative description of the proposed use(s)** on the property. (10 copies) \_\_\_\_\_
3. **Plan of the site** which is prepared to scale and shows all existing and proposed improvements and such other information as is necessary to clearly indicate to the Planning Commission and City Council that adequate provisions shall be made for compliance with all standards for that particular use and the extent of the property to be so used on a given parcel or parcels. (10 full size folded copies, 1 folded 11" x 17") \_\_\_\_\_
4. **Public Facilities Report** which complies with the requirements of Section 31-601, Adequate Public Facilities, of the Unified Development Ordinance. Refer to Appendix B, § B-19. (6 copies) \_\_\_\_\_
5. **Traffic Impact Study.** Refer to Appendix B, § B-21. (3 copies) \_\_\_\_\_
6. **Fiscal Impact Analysis.** Refer to Appendix B, § B-14. (3 copies) \_\_\_\_\_
7. **Major Water Quality Impact Assessment** if located in the Chesapeake Bay Preservation Area. Refer to Appendix B, § B-13. (3 copies) \_\_\_\_\_
8. **A Phase I Environmental Site Assessment** shall be required for any conditional use permit that involves land disturbance for residential, assembly, day care, group home, recreation, school, library or similar use where there may be exposure to contaminants. Refer to Section 31-616. This would then indicate whether a Phase II ESA should be completed. (3 copies) \_\_\_\_\_
9. Such supplemental material as may be necessary. \_\_\_\_\_
10. If requesting an amendment to a previously approved CUP, please provide one copy of the conditions that were previously approved. \_\_\_\_\_

**PART 4- CONTACT INFORMATION: To be completed by applicant, owners, and other contacts**

This application must be signed by the property owner(s) or must have attached to it written evidence of the owner's consent, which may be in the form of a binding contract of sale or a letter signed by the owner(s) authorizing the applicant to act as his or her agent. Signing this application shall constitute the granting of authority of the City to enter onto the property for the purpose of conducting site analyses.

**1. Applicant Information:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Property Owner(s) Information (Complete if different from applicant):**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Owner Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Owner Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Other Contacts (Such as engineers, surveyors, architects, agents, attorneys, owners, etc.):**

Specify type of contact/relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specify type of contact/relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONAL USE PERMIT APPLICATION- WAIVER REQUEST FORM**

This form shall be submitted to the Director of Planning and Community Development and it must be approved **prior** to application submission. All required information listed in **Part 3** must be provided at the time of application submission unless a waiver is approved. Incomplete applications will not be accepted.

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

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

Applicant Email Address: \_\_\_\_\_

In accordance with Appendix B, Section B-5, of the Unified Development Ordinance, the following reports shall be submitted for a Conditional Use Permit application. If you would like to request a waiver from one or more of the following requirements please check the appropriate boxes, provide a statement as to why the requirement(s) should be waived, and sign below.

- Public Facilities Report, Appendix B, § B-19
- Traffic Impact Study, Appendix B, § B-21A
- Fiscal Impact Analysis, Appendix B, § B-14
- Major Water Quality Impact Assessment (if located within the Chesapeake Bay Preservation Overlay District), Appendix B, § B-13
- Environmental Site Assessment, Appendix B, § B-4 (e)(6)

Reasons as to why the above stated requirement(s) should be waived for this CUP Application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

<b><i>To be completed by Planning Division Staff:</i></b>	
Application Number (once processed): _____	
Director Signature for Approval: _____	Date: _____