

CASE #: CU-____ FEE AM'T:____ DATE PAID:____

Rouss City Hall 15 North Cameron Street Winchester, VA 22601 540-667-1815 TDD 540-722-0782

CONDITIONAL USE APPLICATION

Please print or type all information					
	Applicant				
Telephone	Street Address				
E-mail address	City	State	Zip		
E-man audress	City	State	Zip		
OWNER'S SIGNATURE (use reverse to list additional owners)	Owner Name (as appears in Land Records)				
Telephone	Street Address				
E-mail address	City	State	Zip		
TYPE OF REQUEST - Please mark type of request and complete inf	formation				
CONDITIONAL USE	FEE				
Code Section: Type of Use:	S500	□ \$25 − pro	operty list		
	\$200 (if filed with	-	n deposit		
	\$1500 Telecommunications Facility/Tower (New, Modification, or Collocation)				
PROPERTY LOCATION		a .			
Current Street Address(es)					
Tax Map Identification - (sections, blocks, lots)					
REQUIRED MATERIALS LIST					
 1 copy of application (this form completed) Letter addressing compliance with Section 18-2 of City's Zoning Ordinance and how impacts of use will be mitigated 1st Submittal: 3 paper copies of plans, PLUS 1 digital copy (PDF) of all documents. Revisions will require 1 digital copy (PDF) and paper copies as requested by Planning. Fee (check made payable to the Treasurer, City of Winchester) 					
List of adjacent property owners. List must provide name and within 300 feet of any portion of the subject site. If provided Disclosure of Real Parties in Interest (list all equitable owners	mailing address as appears in L by the City, there is a \$25 fee.	and Records for owners of all	properties		
All public hearing materials must be submitted at one time by 5:00 P the agenda. Only complete applications, which includes	all the above materials,	will be accepted.			
I/we hereby certify that the above information is complete and correct and that public notification will be properly posted on the site not later than 14 days before the public hearing and that all delinquent Real Estate taxes have been paid per Section 23-9.					
SIGNATURE	DATE				

				FEE AM'T: DATE PAID:
Additional Owner's Name		ne	Address	
City,	State,	Zip	Telephone	
OWNER'S	S SIGNATURE			
Add	litional Owner's Nan	ne	Address	
City,	State,	Zip	Telephone	
OWNER'S	S SIGNATURE			
Additional Owner's Name		ne	Address	
City,	State,	Zip	Telephone	
OWNER'S	S SIGNATURE			
Add	litional Owner's Nan	ne	Address	
City,	State,	Zip	Telephone	

OWNER'S SIGNATURE

CASE #: CU-____