TOWN OF WINDSOR

Conditional Use Permit



Planning and Zoning Administrator (757)242-4288

Established 1902

Property Owner(s)		Owners	Ph.#
Owners Mailing Addres	s		
			Ph#
Applicant's Address			
E-Mail			
Address/location of Subjec	Property		
Tax Map Number	Zoning District	Parcel Size	Street Frontage
Are there proffered cond	litions on this proper Yes No	ty (if so please sub	omit a set of the proffers)?
Proposed Conditional Use	Permit		
Section of Land Use Ordina	ance		
If more space is needed	<u>than provided for (</u>	Questions 1-10, pl	ease write a separate narrative
answering the o	uestions and annot	tate the questions	with "See Attached".

1. Describe the effect of this request on adjacent properties, the neighborhood and the Town in general. Include information concerning effects on public schools, traffic, existing and future developments, public utilities, etc._____

2. Describe any noise, odor or traffic that the proposed Conditional Use will create or generate and what measures are being taken to mitigate or minimize its adverse effects.

3. Describe any existing Zoning Permits, Conditional Use Permits or Variances previously granted for this property.

4. Is this request in general accord with the current Town of Windsor Comprehensive Plan? _____ If no, is a Comprehensive Plan revision being submitted concurrently with this application? _____

(Please submit a siteplan of the proposed conditional use permit including any new proposed and existing structures, streets, driveways and any other amenities that are present or to be constructed on the property, including structures or streets/driveways to be removed or moved. **An application is not considered to be complete without such a siteplan).**

5. If the property is vacant or if new structures are envisioned, what types (and sizes) of structures and how many such structures will be constructed for this Conditional Use Permit (please provide what the proposed structures will look like)?

6. Number of Parking Spaces Required and how many are being provided?

7. Are there Chesapeake Bay Resource Protection Areas on the property?_____

8. Was a Traffic Impact Analysis (TIA) required for this Request? _____ If yes, has the Virginia Department of Transportation (VDOT) approved/commented upon it? _____ (<u>If required and VDOT has not approved it, the application cannot proceed until this</u> <u>review is completed</u>) (Please include a copy of the TIA and VDOT's response with this application and provide an explanation of how VDOT's comments are being addressed.)

9. Are there adequate water and sewer facilities to serve the proposed use that would follow this rezoning (if not, how will these facilities be provided)?

10. What are the properties zoned, and what is the use of the properties on the land adjacent to the subject property?

NORTH- Zoning	Use(s)
SOUTH- Zoning	Use(s)
EAST- Zoning	Use(s)
WEST- Zoning	Use(s)

I/WE HAVE READ THIS COMPLETED APPLICATION, UNDERSTAND ITS INTENT AND FREELY CONSENT TO ITS FILING. THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. I UNDERSTAND THAT THE TOWN MAY APPROVE OR DENY THE REQUEST FOR WHICH I AM APPLYING. FURTHERMORE, I GRANT PERMISSION TO THE PERSONNEL OF THE TOWN AND OTHER AGENTS OF THE TOWN OF WINDSOR AND ANYOTHER AUTHORIZED GOVERNMENT AGENCY TO ENTER THE PROPERTY AND MAKE SUCH INVESTIGATIONS AS THEY DEEM NECESSARY TO EVALUATE THE REQUEST.

ent – please circle one) Date	of the year
day of	of the year
day of	of the year
	, of the year
Nota	ry Public Signature:
AREA	
	Stamp: AREA d by Signature/Title