



LANCASTER COUNTY, VIRGINIA
Department of Planning and Land Use
Application for Special Exception

Tax Map Number: _____ Date: _____

Applicant Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Location: _____

Acreage/Sq. Footage: _____ Zoning District: _____

The undersigned owner of the above described property applies for a Special Exception to:

As required by Section _____ of the Lancaster County Zoning Ordinance:

Septic Permit # _____ Site Plan Attached? ___ Yes ___ No

I affirm that the statements made in this application are correct. I understand that the activity for which application is made must begin with SIX MONTHS following approval by the Lancaster County Board of Supervisors. Failure to initiate the aforementioned activity shall cause any approval to become null and void.

I further understand that all construction or uses subject to this permit will be performed as stated and as required in all ordinances of Lancaster County, Virginia and statutes of the Commonwealth of Virginia. I understand that failure to comply with any part or condition of an approved permit shall be sufficient cause to revoke that permit.

Signature of Applicant: _____

FOR OFFICE ONLY:

Received by: _____ Date Received: _____

Board of Supervisors Action: ___ Approved ___ Denied Conditions: _____

_____ Date of Board Action: _____

FEE: \$400.00