

**MADISON COUNTY BUILDING & ZONING DEPARTMENT**

410 N Main Street, Madison, VA 22727

Phone: (540) 948-6102

[www.madisonco.virginia.gov](http://www.madisonco.virginia.gov)

**SPECIAL USE PERMIT APPLICATION INSTRUCTIONS**

IT IS THE RESPONSIBILITY OF THE APPLICANT TO COMPLETE THIS PACKET IN ITS ENTIRETY AND AS PRECISELY AS POSSIBLE.

This packet is considered complete when the following have been received:

- Special Use Permit Application (attached).
- A \$500.00 non-refundable fee is due when this application is submitted to our office.  
\*The special use permit fee for a telecommunication facility is \$1,500.00 and it is non-refundable. They are also subject to a consultant review fee (cost).
- A narrative describing the scope of the project, including but not limited to, proposed services/uses, hours of operation, management operations, plans for mitigation of traffic, lighting, noise, and trespassing on neighboring property owners, etc.
- A survey plat of the property and/or a conceptional site plan must be submitted with this application. On the plat or plan, you must identify the location of any proposed or existing structures and/or buildings (including measurements to all property lines), any existing or proposed roads/rights-of-way/easements, location of entrance to the property, proposed parking, proposed signs, and any proposed fencing, buffering, and/or landscaping.
- A copy of the current paid real estate tax receipt for the property (may be obtained from the Madison County Treasurer's Office).
- You may be required to provide a copy of the deed to the property if staff cannot locate it in the clerk's office.
- Staff must have written comments from the following departments/agencies on the special use permit request prior to the scheduling of the public hearing. Also, staff may work with you on obtaining all comments except for the Property Owners Association which is the responsibility of the owner/applicant:
  - The Madison County Health Department
  - The Virginia Department of Transportation
  - The Madison County Building Official
  - The Property Owners Association- President, Vice President, or Secretary (*if in a subdivision*)
- Any other exhibits to support this request to be reviewed by the Planning Commission and Board of Supervisors should be submitted along with this application.

If you have any questions, please call the Madison County Building and Zoning Office at (540) 948-6102, Monday through Friday, 8:30 a.m. to 4:30 p.m.

\*\*\*\*\*ADDITIONAL INFORMATION MAY BE REQUIRED IF THE PLANNING & ZONING ADMINISTRATOR DETERMINES IT NECESSARY TO ENSURE CONFORMANCE AND TO PROVIDE ENFORCEMENT OF THE ORDINANCE(S).\*\*\*\*\*



**15) Please provide a description of the proposed use and any additional comments you may have:**

I (we), the undersigned, do hereby certify that the above information is true and correct. I (we) further understand that in granting approval of this application, the Planning Commission and Board of Supervisors may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met.

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### Signature of Owner

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Date

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**Signature of Lessee and/or Agent for Owner**

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Date

Please list all names and mailing addresses of all adjoining landowners, including landowners across any road or right-of-way. Names and addresses of owners may be found on the Madison County website ([www.madisonco.virginia.gov](http://www.madisonco.virginia.gov)) under the GIS link.

### Adjoining Property Owner Verification

As applicant for this special use permit request, I (we), \_\_\_\_\_ hereby acknowledge that I (we) have faithfully and correctly provided names and complete mailing addresses of all my adjoining property owners and those directly across the road or right-of-way. I understand that that failure to provide all adjoining property owners will leave me liable for additional cost for re-advertisement and notices mailed, and that my request may be delayed until proper notification has been given to all adjoining property owners and those property owners across the road or right-of-way.

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**Signature of Owner**

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Date

**Signature of Lessee and/or Agent for Owner**

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Date

**OFFICE USE ONLY- SPECIAL USE PERMIT APPLICATION**

Date application received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date application considered complete (after department/agency comments received): \_\_\_\_\_

Date of public hearing: \_\_\_\_\_

Dates public hearing was advertised: \_\_\_\_\_

Date adjoining landowners were notified: \_\_\_\_\_

Date of hearing notice to applicant: \_\_\_\_\_