



**TOWN OF CLIFTON, VIRGINIA**

**Use Permit Application**

<b>Property Address:</b> 12639 Chapel Rd Clifton, VA 20124		<b>Date: [Month / Year]</b> 1.22.19		
<b>1. Type of Permit:</b>	<input type="checkbox"/> Construction <input type="checkbox"/> Preliminary Site Plans Attached	<input type="checkbox"/> Commercial <input type="checkbox"/> Office <input type="checkbox"/> Retail	<input type="checkbox"/> Residential	<input checked="" type="checkbox"/> Home Business (Code 9-19.c1)
	<input type="checkbox"/> Special Use <input type="checkbox"/> Restaurant <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Multi-Family	<input type="checkbox"/> Subdivision (Code Chapter 10)	<input type="checkbox"/> Boundary Line Adjustment/Lot Consolidation (Code 10-57 to Code 10-59)	<input type="checkbox"/> Public Use
<b>2. Name of Applicant:</b> Royce Jarrendt <b>Mailing Address:</b> 12639 Chapel Rd Clifton, VA 20124				
<b>Phone:</b> 703 932-5762 <b>Email Address:</b> Royce.Jarr@yahoo.com				
<b>3. Name of Property Owner (if different):</b> same <b>Mailing Address:</b>				
<b>4. Name of Business / Organization:</b> One Dwelling Inc.				
<b>5. Owner of Business / Organization:</b> Royce Jarrendt				
<b>6. Tax Map Number:</b> 0754-02-0073				
<b>7. Attach a plat or plan drawn to scale showing the proposed construction, certified by an engineer, surveyor, architect, authorized to practice as such by VA, together with a surveyed plat of the property indicating all building and structure setbacks and height.</b>				
			<input type="checkbox"/> Plat Attached  <input type="checkbox"/> No construction intended	

<b>8. Attach Floor Plan to Scale (non-residential &amp; home business):</b>		<input type="checkbox"/> Floor Plan Attached home office		
<b>9. Zoning District of Premises:</b>	<input checked="" type="checkbox"/> Residential (Code 9-19)  <input type="checkbox"/> Church, Park, Community Building	<input type="checkbox"/> Commercial (Code 9-21)	<input type="checkbox"/> Agricultural (Code 9-20)	<input type="checkbox"/> Industrial (Code 9-22)
	<input type="checkbox"/> Community Open Space & Recreation (COSR) (Code 9-23A)		<input type="checkbox"/> Low Impact Commercial (Code 9-23B)	
<b>10. Describe Purpose of Application:</b> Home Office				
<b>10. If Commercial, Home Business, Agricultural or Industrial:</b>				
<b>11. Describe Operation:</b> Home office for design & construction of residential properties				
<b>11.a. If Non-Residential - Office Use:</b> 365 SF or Retail/Restaurant Use: _____ SF				
<b>11.b. Days &amp; Hours of Operation (include special events):</b> 24 hours on weekdays and weekends				
<b>11.c. Number of Employees on Site at any One Time:</b> 0				
<b>11.d. Number of Seats (Restaurant/Church): Total:</b> _____. <b>If applicable, provide number of seats located inside:</b> _____ <b>and; Outside:</b> _____				
<b>11.e. Gross Floor Area (GFA) of Building or /Premises:</b> 2400 SF (Code 9-13) <b>Net Gross Floor Area if more than one use in building:</b> _____ SF <b>If applicable, GFA devoted to carry-out service within restaurant:</b> _____ SF				
<b>11.f. Number of Off-street Parking Spaces Required:</b> _____ (Code 9-13)				
<b>11.g. Number of Off-street Parking Spaces Provided* (attach parking plan to scale with dimensions identifying existing and proposed parking spaces):</b> _____				
<b>11.h. Gross Floor Area of Dwelling (Home Business Only):</b> 2400 SF				
<b>12. Application Fee Enclosed:</b>		\$ 75.00 _____		
(Fee schedule in Filing Instructions)				

\*PLEASE INCLUDE A PARKING TABULATION FORM FOR BUILDINGS THAT HAVE MORE THAN ONE USER IN THE BUILDING.

Is the applicant or owner a member of a homeowners association (HOA)?  Yes  No If yes, please obtain the approval of the HOA prior to submission of the application.

HOA REPRESENTATIVE (NAME/SIGNATURE) \_\_\_\_\_ DATE OF HOA APPROVAL: \_\_\_\_\_

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The undersigned hereby applies for a Use Permit pursuant to Article 2, Section 9-10 of the Zoning Ordinance of the Code of Town of Clifton, Virginia.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### FOR TOWN USE ONLY

RECEIPT DATE: \_\_\_\_\_ DATE APPLICATION ACCEPTED: \_\_\_\_\_

APPLICATION FEE PAID: \$ \_\_\_\_\_

APPROVED  DISAPPROVED

PLANNING COMMISSION: \_\_\_\_\_  
SIGNATURE PRINT

CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED  DISAPPROVED

TOWN COUNCIL: \_\_\_\_\_  
SIGNATURE PRINT

CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_