



# SPECIAL EXCEPTION APPLICATION

Department of Planning  
6602 Courts Drive, Prince George, VA 23875  
Email: [planning@princegeorgecountyva.gov](mailto:planning@princegeorgecountyva.gov)  
(804) 722-8678 | [www.princegeorgecountyva.gov](http://www.princegeorgecountyva.gov)

OFFICE USE ONLY
APPLICATION #:
DATE SUBMITTED:

**APPLICANT FILL-IN ALL BLANKS**

<b>REQUEST</b>	<b>REQUEST:</b>		
	<b>REQUEST PROPERTY ADDRESS / LOCATION:</b>		
	<b>REQUEST TAX MAP PIN(S):</b> (List all)	<b>AFFECTED ACREAGE</b> (Each parcel):	<b>ENTIRE PARCEL (Y / N)</b> – Each parcel):
	<b>ATTACHMENTS</b> (Check if Attached; * = Required): <input type="checkbox"/> <b>APPLICANT STATEMENT*</b> (Specify goals, details, etc.) <input type="checkbox"/> <b>COMMUNITY MEETING SUMMARY</b> <input type="checkbox"/> <b>PROPOSED CONDITIONS</b> <input type="checkbox"/> <b>ADDITIONAL ATTACHMENTS:</b> <input type="checkbox"/> <b>SITE LAYOUT SKETCH OR CONCEPTUAL SITE PLAN*</b> (Show proposed improvements; Use GIS or Engineer Drawing)		
<b>LEGAL OWNER</b>	<b>NAME(S):</b>		
	<b>MAILING ADDRESS:</b> (Incl. City, State, Zip):		
	<b>E-MAIL:</b>	<b>PHONE:</b>	
<b>APPLICANT CONTACT</b>	<b>NAME(S):</b> If different than owner):		
	<b>RELATION TO OWNER:</b>		
	<b>MAILING ADDRESS:</b> (Incl. City, State, Zip):		
	<b>E-MAIL:</b>	<b>PHONE:</b>	

**OFFICE USE ONLY (Completed at the time of application)**

<b>ZONING DISTRICT(S):</b>	<b>LAND USE(S) CODE REFERENCE(S):</b>
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<b>PAYMENT</b>	<b>FEE DUE:</b> Special Exception: \$700 Special Exception Home Occ: \$350	<b>FEE PAID:</b>	<b>PAYMENT TYPE:</b> CHECK / CASH / CREDIT / DEBIT
	<b>CHECK # / TRANSACTION #:</b>	<b>DATE RECEIVED:</b>	<b>RECEIVED BY:</b>

**OWNER AFFIDAVIT**

The undersigned Property Owner(s) or duly authorized Agent or Representative certifies that this petition and the foregoing answers, statement, and other information herewith submitted are in all respect true and correct to the best of their knowledge and belief.

**NAME:**

**NAME:**

\_\_\_\_\_

\_\_\_\_\_

**SIGNED:**

**SIGNED:**

\_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NOTARIZATION:**

**STATE OF VIRGINIA**

**COUNTY OF:** \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**My Commission expires:** \_\_\_\_\_, 20\_\_\_\_\_

**AFFIDAVIT**