



SPECIAL EXCEPTION APPLICATION (PRELIMINARY)

Department of Planning
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OFFICE USE ONLY
APPLICATION #:
DATE SUBMITTED:

APPLICANT FILL-IN ALL BLANKS

REQUEST:			
	REQUEST PROPERTY ADDRESS / LOCATION:		
	REQUEST TAX MAP PIN(S): (List all)	AFFECTED ACREAGE (Each parcel):	ENTIRE PARCEL (Y / N) (Each parcel):
ATTACHMENTS: (Check if attached; * = Required)			
<input type="checkbox"/> APPLICANT STATEMENT* (Specify goals, details, etc.)	<input type="checkbox"/> PROPOSED CONDITIONS		
<input type="checkbox"/> SITE LAYOUT SKETCH OR CONCEPTUAL SITE PLAN* (Use GIS, aerials or engineer drawing)	<input type="checkbox"/> ADDITIONAL ATTACHMENTS (Specify)		

LEGAL OWNER CONTACT	NAME(S):	
	SIGNATURE: (I approve this preliminary request)	
MAILING ADDRESS: (Incl. City, State, Zip)		
E-MAIL:	PHONE:	

APPLICANT CONTACT	NAME(S) If different than owner):	
	RELATION TO OWNER:	
MAILING ADDRESS: (Incl. City, State, Zip)		
E-MAIL:	PHONE:	

OFFICE USE ONLY (Completed at the time of application)

CURRENT ZONING DISTRICT(S):	LAND USE CODE REFERENCE(S):
PRE-APPLICATION MEETING REQUIRED? (Circle one) Y / N / TBD / Date Held _____	COMMUNITY MEETING REQUIRED? (Circle one) Y / N / TBD / Date Held _____