

DATE _____

**SPECIAL EXCEPTION PERMIT APPLICATION
MECKLENBURG COUNTY, VA**

FEE: \$325.00 (MADE PAYABLE TO MECKLENBURG COUNTY)

Mail to: Director of Planning and Zoning, P O Box 307, Boydton, VA 23917

1. APPLICANT: _____

2. ADDRESS &
TELEPHONE: _____

3. PERMIT REQUESTED FOR: _____

County Code Section: _____

4. LOCATION: Road Number: _____

Side of Road: _____

Nearest Intersection: _____

Distance and Direction from Site: _____

5. SIZE OF PARCEL: _____

6. SIZE OF PROPOSED USE: _____

7. PROPERTY OWNER: (if other than applicant) _____

8. DEED BOOK: _____ PAGE NUMBER: _____

(over)

9. WATER SUPPLY (type): _____

10: SEWAGE DISPOSAL (type): _____

**Note any additional details, comments or other information on a separate sheet.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

TO THE BOARD OF SUPERVISORS, MECKLENBURG COUNTY, VA

The following is the recommendation of the Mecklenburg County Planning Commission on the special exception application at a public hearing held on:

ACTION TAKEN BY THE BOARD OF SUPERVISORS

A public hearing was held on _____; the Board of Supervisors took the following action on the special exception petition:
