

Hanover County Planning Department Application

Request for a Special Exception/ Conditional Use Permit Extension

Case #: _____

Please type or print in **black ink**.

APPLICANT INFORMATION

Owner/Applicant: _____

Contact Name: _____

Address: _____

Telephone No. _____

Fax No. _____

Email Address _____

PROPERTY INFORMATION/ EXPLANATION

GPIN(s)(Tax Parcel #'s) _____

Magisterial District _____

Location Description (Street Address, if applicable) _____

1) Briefly explain what progress has been made towards project completion: _____

2) Briefly explain why an extension is necessary: _____

3) How much time is needed to complete the project? _____

SIGNATURE OF APPLICANT

As owner or authorized agent of this property, I hereby certify that this application is complete and accurate to the best of my knowledge, and I authorize County representatives' entry onto the property for purposes of reviewing this request.

Signature _____ Date _____

Print Name _____

ATTACHMENTS

- a. **Extension Fee** - Special Exception \$20.00
Conditional Use Permit \$700.00
- b. For applications for mobile homes needed in a medical hardship case, provide an **updated note from a medical doctor** verifying that for health reasons a person must be located in close proximity to others who can provide care.
- c. Other information needed to support your request