



P.O. Box 209 | 6 East Pennsylvania Avenue
 Lovettsville, VA 20180
 (540) 822-5788

Conditional Use Permit Application

Property Owner's Name: _____ **Fee: \$350.00**

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Owner's Representative (If Applicable): _____

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Subject Parcel Information:

Location (Street Address): _____

PIN (Property Identification Number): _____ Lot Size: _____

Current Zoning District (example: C-1): _____

Conditional Use Being Requested (Code Section): _____

Conditional Use Being Requested (Description of Use): _____

Identify any existing improvements (example: 2 story brick house): _____

I hereby certify that I am the property owner and this application in all its parts, including the accompanying development plan proposal, is complete, correct and in compliance with the applicable Town of Lovettsville Ordinances, to the best of my knowledge. I acknowledge responsibility for all engineering, legal, zoning and planning review fees incurred by the Town in connection with the review of this application, and all outstanding debts owed to the Town of Lovettsville and Loudoun County have been paid prior to filing this application.

Signature of Property Owner(s)	Printed Name of Property Owner(s)	Date
(Attach sheet for additional Property Owners with their printed name(s) and date.)		

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-----Office Use Only-----

Date Application Received _____ Application Complete _____ Application Fee Paid _____

Loudoun County Personal Property Taxes Paid _____ All Fees/Taxes Owed to Town Have Been Paid (Including Auto Decal) _____