

Checklist must be completed before the application will be accepted

Conditional Use Permit Application Checklist

- ___ 1. Confirm the Zoning and Tax Map Number with the Zoning Administrator.
- ___ 2. Confirm the adjoining land owners with the Commissioner of Revenue.
- ___ 3. Call VDOT about entrance onto roadway. 540-462-6989.
- ___ 4. Confirm that the property deed does not have any restrictions.
- ___ 5. If in a subdivision, check covenants for restrictions. Provide copy.
- ___ 6. Include all owners listed on the deed (signature and letter required).
- ___ 7. Have the Clerk's office make a copy of your plat for the drawing (optional).
- ___ 8. Call Health Dept. for water and sewage restrictions. 540-468-2270.

Required Drawing 8 ½ x 11

- ___ 1. Show access to the property and existing buildings.
- ___ 2. List measurements from lot lines, right of ways, buildings and water courses.
- ___ 3. Show proposed buildings marked, contrasting with existing buildings.
- ___ 4. List measured distances to wells and septic systems from proposed buildings.
- ___ 5. Show location of any signs, include height and width dimensions.
- ___ 6. Show locations of any outside lighting with coverage area indicated.
- ___ 7. Show existing and proposed fences with height dimensions and type.
- ___ 8. Provide Erosion and Sediment Control Plan. (DEQ Storm water over 1 acre)
- ___ 9. Show location of required parking spaces. For off-street parking requirements, see section 703 of the Zoning Ordinance.

The Conditional Use procedure may be found in section 802 of the Zoning Ordinance

Questions? Please contact the Building and Zoning Department:

Phone 540-468-2323

Email hilandbz@htcnet.org

Website highlandcovabz.org



COUNTY OF HIGHLAND

DEPARTMENT OF
BUILDING AND ZONING

P.O. Box 188 Monterey, Virginia 24465

Phone 540-468-2323
Email hilandbz@htcnet.org
Website highlandcovabz.org

Conditional Use Permit Application

The Highland County & Town of Monterey Zoning Ordinance requires the applicant to get a Conditional Use Permit pursuant to Section: _____

For Office Use Only

FEE: _____ Date Received: _____

Deadline Date: _____ Received By: _____

Applicant to provide the following information:

Use Applied For: _____

Use Location: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____ Cell: _____

Landowner Name: _____

Landowner Address: _____

Landowner Phone Number: _____ Cell: _____

Acres in Parcel: _____ Zoning: _____ Tax Map #: _____

Acres in Request: _____ Election District: _____

Conditional Use Permit Application (continued)

1. Describe the intended use.

2. State whether new buildings will be constructed and describe improvements to existing infrastructure.

3. State whether traffic volume will increase significantly in the immediate neighborhood. Describe the type of traffic and the estimated increase.

4. State the amount of parking required for use as outlined in the Zoning Ordinance and the amount of parking that will be onsite.

5. List all signs that will be posted or installed on the property. Describe location and size of each sign.

6. List days and hours of operation (include deliveries).

7. Describe anticipated noise, waste, dust and vapors associated with the use.

8. State the number of people to be employed by new use and describe any potential for growth.

Signature of Landowner

Signature of Applicant or Agent

Conditional Use Permit Application (continued)

LIST NAMES AND COMPLETE MAILING ADDRESSES OF ALL ADJACENT LANDOWNERS, INCLUDING LANDOWNERS ACROSS ANY ROAD. (May use additional pages if necessary.) Names of owners and complete mailing addresses may be found in the Commissioner of Revenue Office in the Highland County Courthouse.

NAME	ADDRESS

AS APPLICANT FOR THIS CONDITIONAL USE PERMIT, I _____ (printed name of Applicant) hereby acknowledge that I have faithfully and correctly provided names and complete mailing addresses of all my adjoining property owners and those directly across the street and road. I understand that failure to do so will leave me liable for additional costs for re-advertising and that my request could be delayed until proper notification has been given to all adjoining property owners and those property owners directly across the street or road.

_____ Signature of Applicant	_____ Date
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Conditional Use Permit Application (continued)

IF APPLICABLE, VDOT AND THE HEALTH DEPARTMENT MUST ENTER THEIR COMMENTS BELOW BEFORE SUBMITTING APPLICATION TO BUILDING AND ZONING OFFICE.

Virginia Department of Transportation
Lexington, VA

540-462-6989

VA Dept. Of Transportation

Highland County Health Department
P.O Box 558
Monterey, VA 24465

Office Hours
9am-3:30pm Mon, Tue, Thu, Fri
8am-4:30pm Wed

540-468-2270
cshdinfo@vdh.virginia.gov

Highland County Health Department

Highland County Building Official
P.O Box 188
Monterey, VA 24465

Office Hours by appointment
9am-4pm Monday-Friday

540-468-2323
hilandbz@htcnet.org

Highland County Building Official
