TOWN OF CLIFTON, VIRGINIA

Use Permit Application

Property Address: 7184 Clifton Rd			**Date: [Month / Year]** 4/14/22	
1. Type of Permit:	☑ Construction ☐ Preliminary Site Plans Attached	☐ Commercial ☐ Office ☐ Retail	☑ Residential	☐ Home Business (Code 9-19.c1)
	☐ Special Use ☐ Restaurant ☐ Bed & Breakfast ☐ Multi-Family	☐ Subdivision (Code Chapter 10)	☐ Boundary Line Adjustment/Lot Consolidation (Code 10-57 to Code 10-59)	☐ Public Use
2. Name of Applicant: Josh Snyder **Mailing Address:** 810 N Ivy St. Arlington, VA 22201				
Phone: 412-708-6708 **Email Address:** Josh@HomePrep.com				
3. Name of Property Owner (if different): **Mailing Address:**				
4. Name of Business / Organization:				
5. Owner of Business / Organization:				
6. Tax Map Number: 0754 02 0106				
7. Attach a plat or plan drawn to scale showing the proposed construction, certified by an engineer, surveyor, architect, authorized to practice as such by VA, together with a surveyed plat of the property indicating all building and structure setbacks and height.			☐ Plat Attached	

8. **Attach Floor Plan to Scale (non-residential & home business):**	☐ Floor Plan Attached			
9. **Zoning District of Premises:**	☐ Residential (Code 9-19) ☐ Church, Park, Community Building	☐ Commercial (Code 9-21)	☐ Agricultural (Code 9-20)	☐ Industrial (Code 9-22)
	☐ Community Open Space & Recreation (COSR) (Code 9-23A)		☐ Low Impact Commercial (Code 9-23B)	

10. Describe Purpose of Application: Remove 2 failing wood retaining walls and replace with new concrete retaining walls. in accordance with the approved plan of development dated October 27th, 2015. Amendment to existing Use Permit.

10. If Commercial, Home Business, Agricultural or Industrial:

11. Describe Operation:

11.a. If Non-Residential - Office Use: _____ **SF or Retail/Restaurant Use:** _____ **SF**

11.b. Days &Hours of Operation (include special events):

11.c. Number of Employees on Site at any One Time: _____

11.d. Number of Seats (Restaurant/Church): Total: _____. **If applicable, provide number of seats located Inside:** _____ **and; Outside:** _____

11.e. Gross Floor Area (GFA) of Building or /Premises: _____ **SF (Code 9-13)**
Net Gross Floor Area if more than one use in building: _____ **SF**
If applicable, GFA devoted to carry-out service within restaurant: _____ **SF**

11.f. Number of Off-street Parking Spaces Required: _____ **(Code 9-13)**

11.g. Number of Off-street Parking Spaces Provided* (attach parking plan to scale with dimensions identifying existing and proposed parking spaces): _____

11.h. Gross Floor Area of Dwelling (Home Business Only): _____ **SF**

12. Application Fee Enclosed:

(Fee schedule in Filing Instructions) $_____

***PLEASE INCLUDE A PARKING TABULATION FORM FOR BUILDINGS THAT HAVE MORE THAN ONE USER IN THE BUILDING.**

Is the applicant or owner a member of a homeowners association (HOA)? ☐ Yes ☑ No If yes, please obtain the approval of the HOA prior to submission of the application.

HOA REPRESENTATIVE (NAME/SIGNATURE) _____ DATE OF HOA APPROVAL: _____

The undersigned hereby applies for a Use Permit pursuant to Article 2, Section 9-10 of the Zoning Ordinance of the Code of Town of Clifton, Virginia.

APPLICANT'S SIGNATURE: John L. Smith DATE: 4/14/22

PROPERTY OWNER SIGNATURE: John L. Smith DATE: 4/14/22

FOR TOWN USE ONLY

RECEIPT DATE: _____ DATE APPLICATION ACCEPTED: _____

APPLICATION FEE PAID: $_____

☐ APPROVED ☐ DISAPPROVED

PLANNING COMMISSION: _____ _____
SIGNATURE PRINT

CONDITIONS: _____

_____

_____

☐ APPROVED ☐ DISAPPROVED

TOWN COUNCIL: _____ _____
SIGNATURE PRINT

CONDITIONS: _____

_____

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