



**TOWN OF LEBANON
ZONING APPLICATION
CONDITIONAL USE PERMIT**

Name of Owner: _____

Mailing Address: _____

Physical Address of Property: _____

Telephone Number: _____ Zoning District: _____

Size of Property: _____

Description of Structures: _____

The above property was acquired by the owner on _____ by deed in the name of _____, evidenced by deed Book Number _____ Page Number _____ found in the Registry of the County of Russell, Virginia.

***** A MAP OF THE PROPERTY, EXACT PLACEMENT OF ANY STRUCTURES, PROPOSED USE OF THE PROPERTY AND A COPY OF THE DEED AND OR PLAT MUST BE SUBMITTED WITH THE APPLICATION. *****

State the names and addresses of all adjacent property owners:

Name

Address

| <u>Name</u> | <u>Address</u> |
|-------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The requested conditional use of the above described property is as follows: _____

I hereby certify that the above information is correct to the best of my knowledge. Further, I will abide by whatever decision is rendered by the Lebanon Town Council and that any special conditions placed on this permit must be met or the permit may be declared null and void by the governing body.

Signature of Applicant

Date