Circa 1891

Application for Conditional Use Permit

Town of Irvington

P.O. Box 174, Irvington, VA 22480 804-438-6044 (Zoning & Land Use) Application Fee \$200

۳.		
Ì	Internal Use Only	
	RECEIVED 1 24 12	
	APP FEE PD	
	APPLICATION # FALCS.	12
	PC Public Hearing	
	TC Public Hearing	
L		

IMPORTANT NOTE: The application must be filled out completely. The application may not be signed by an agent or attorney but must be signed by the owner, agent of owner or owners before a Notary Public in the space provided on page 4.

Applicant Name (s): MARK Rall5
Tax Map Parcel(s):
Address/Location: 294 Chesapeare DR
Deed Restrictions: YesNo (If yes, attach copy of deed) Current Zoning
Proposed Use: OHORT TORM KENTAL
Acreage of Parcel:Overlay District(s): Chesapeake BayYesNo
Is this an amendment to an existing conditional use permit? If so, Yes No
A scale drawing (see p.3) is required to be attached to any CUP
application. Is a scale drawing attached to this application? Is this an application for a private pier or dock? If so, please attach your VMRC and ACOE applications and permits. Yes No
Owner or Agent Contact: MARK & VIVR & 1/5 Address: 830 KW6 CANTA DA
Address: 830 KW6 CANTA DA
City: Invivy to State: VA Zip: 72480 Phone Number: 70703.887.1225 Email address: VIV Rg//s222 ggmsvl. Com
Phone Number: #703.887.1225 Email address: VIVR9//522209movl. Con
Official Owner(s) of Record (If different than applicant): VSR CONSULTING IC
Address: 830 KNG CARTER DR
City: TAVING FOW State: VA Zip: 22480
Phone Number: 703.887. 1225 Email address: VIVR 4//5222 a cmg/ Com

Page 2 of 4

Does the property owner also own or have any ownership interest in any abutting property? If yes, please list those tax map numbers:

Section 154.017 of the Town of Irvington Zoning Ordinance provides guidelines for conditional use permit applications. Please address the following standards which will be reviewed by the staff in analysis of your request. If you need assistance filling out these items, staff is available.

Provide a written statement demonstrating that:

- The establishment, maintenance or operation of the CUP will not adversely affect the public health, safety, morals and general welfare and is in compliance with the Chesapeake Bay Act;
- 2. The establishment of the CUP will not substantially diminish or impair property values within the neighborhood nor will it be detrimental to the environment and surrounding properties;
- 3. The purpose of the CUP is to provide for certain uses which may not be compatible with certain surrounding uses or which may be compatible with surrounding uses only if the use in question is established in conformance with certain limiting conditions;
- 4. That proper landscape designs detailing plantings, screening for sight and sound and proper buffers be provided, that only certain appropriate activities shall occur;
- 5. Adequate utilities, and off street parking are provided;
- 6. That soil erosion and sedimentation be avoided:
- 7. The height, area, yard and sign limitations shall be the same as for other uses in the district;
- 8. That businesses and other operations be carried out only at appropriate times;
- 9. The establishment of the CUP is not in conflict with the Comprehensive Plan;
- 10. The CUP shall, in all other respects, conform to the applicable regulations of the zoning district in which it is located, except as such regulations may, in each instance, be modified by the Governing Body.

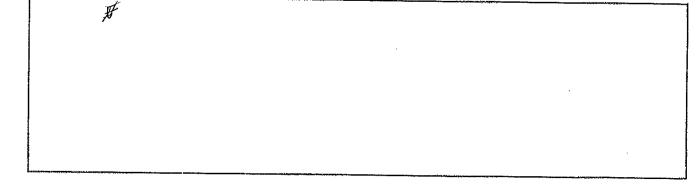
(Governing Body may impose reasonable conditions to make use compatible, to protect environment, surrounding properties, persons, neighborhood values.)

Please attach your written statement with this document upon submission.

Describe your request in detail and include any relevant information such as the number of persons involved in the use, operating hours, or any unique features of the proposed use.

Request centification to RENT property of for 2 on more days/Nights SHORT TERM RENTAL

If any improvements are being proposed, briefly state whether new structures are to be constructed, existing structures are to be used or modifications, expansion, reconstruction, or additions are to be made to existing structures. If available, provide dimensions of any structures that will be used for this CUP.



Attachments Required - provide three copies of each

- 1. A scale drawing showing the size and shape of the parcel of land on which the proposed use is located. Scale drawing shall show the size and shape of the parcel of land on which the proposed building is to be constructed, the nature of the proposed use of the building or land and the location of such building or use with respect to the property lines of said parcel of land to the right-of-way of any street or highway adjoining said parcel of land.
- 2. Ownership information If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, an acceptable document must be submitted certifying that the person signing below has the authority to do so.

Town of Irvington ♦ Zoning & Land Use Revised 12,01,2020

Cei	tific	ation
-----	-------	-------

State of Virginia,	Town	of Irvington,	To Wit
--------------------	------	---------------	--------

am the Owner/Or Agent of Owner of to I have attached written certification for I further declare that I have familiarized preparing and filing this application at are in all respects true and correct. I have read this application, understand have the power to authorize and herby authorized government agents on office application and to monitor compliance notice on my property, near the bound application.	ed myself with the rules and reg and that the foregoing statement and its intent, and freely consent by grant permission to Town of Ir cial business to enter the proper	right to submigulations pertains and answers to its filing. Fryington officity as necessar	it this application. aining to s provided herein furthermore, I ials and other ry to process this
-	Signature of Owner or Agent		Date
	Mailing Address	The second date of the second	Phone No.
Subscribed and sworn to before me this	day of	, 20	,
My Commission Expires	}	Notary Pu	
; lacrificands tood and prelocations have been lacronomed had bed several best bed several and and several and and	Mull a head	. 24 to 25 t	72423
	Signature of Property Owner		Date
	830 K/2 Carpe L	22 Lana	. An
	Mailing Address		Phone No.
Subscribed and sworn to before me this $\underline{\partial \mathcal{Y}_1}$	h day of July	, 20	2023734806
Debruary 22,2027	BONNE X	Donna .	1 (Pestay
My Commission Expires	A of Irvington & Zoning & Land Use	Notary Pub	olic
	Revised 12.01.2020		