

JEFFERSON COUNTY, WEST VIRGINIA

Departments of Planning and Zoning

116 East Washington Street, 2nd Floor, P.O. Box 338 Charles Town, WV 25414

File Number:	_
Staff Initials:	_
Fees Paid: \$	_

http://www.jeffersoncountywv.org/government/departments/planning-and-zoning-department.html

Email: zoningdepartment@jeffersoncountywv.org planningdepartment@jeffersoncountywv.org

Fax: (304) 728-8126

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Application for Seasonal Use/Special Exception

Seasonal uses and special exceptions must be approved by the Board of Zoning Appeals pursuant to a public hearing. Seasonal uses cannot be approved for longer than one year at a time, and are limited to a single three-day consecutive period in each of the four solar seasons. For outdoor advertising signs, include (1) a full-color rendering of each sign proposed, including all dimensions of the sign and total square footage, (2) a sketch plan of the property, indicating the location of the sign and setbacks.

Type of Request							
	Sec	asonal Use:	Specia	l Exception:			
Property Owner Inj	formation						
Name:							
Mailing Address:							
City:			State:		Zip Code:		
Phone Number:			Email:				
Applicant Contact	Information						
Applicant Name:							
Mailing Address:							
City:			State:		Zip Code:		
Phone Number:			Email:				
Engineer(s), Surve	yor(s), Consultan	t(s) Informati	ion				
Name:							
Mailing Address:							
City:			State:		Zip Code:		
Phone Number:			Email:				
Physical property d	letails						
Physical Address:							
City:			State:		Zip Code:		
Tax District:		Map No.:			Parcel No.:		
Parcel Size:		Deed Book:			Page No.:		
Zoning District (ple	ease check one)						
Residential	Industrial		Residential-			Neighborhood	
Growth	Commercial	Rural	Light Industrial-C		Village	Commercial	
(RG)	(IC)	(R)	(RLIC	()	(V)	(NC)	
				- :			
0 1	TT: 1	T * 1 .	Plan			Office/	
General Commercial	Highway Commercial	Light Industrial	Major Neighbor Industrial Develo			Commercial Mixed-Use	
(GC)	(HC)	(LI)	(MI)	Develo _j (PN	•	(OC)	

Name of Temporar	ry Business or Ever	nı				
Description of Seas	sonal Use					
Name of Primary (Contact/Responsibl	le Party Dui	ring Business Hou	rs		
Primary Contact T	elephone Number					
D (1 CT	¥7 /¥¥7* 1		.•			
Duration of Tempo		-				
	Start Date:			End Date:		
	l Number of Days:					
Hours of Operation	n of Seasonal Use					
How is the Propert	y Currently Used?					
What is the Propos	ed Use of the Prop	erty?				
size and height. Id Original signature	· ·					
The information gi	iven is correct to th	ne best of my	y knowledge.			
			_			
Signature of Pro	perty Owner 1	Date		Signature of	Property Owner 2	Date
Notification Requi	rements					
					Posting Requir	ements
Date of Public Hearing			Advertising Date		(number of days prior to scheduled hearing)	
Official Action of I	Board					<i>9</i> /
Official Signature	and Soal					
Official Signature	ana Seat					
:	Presid	lent's Signa	ture	Dat	te	