

SPECIAL USE PERMIT APPLICATION

NOTE: This application must be filled out completely and all submission requirements must be met before the application can be accepted and scheduled for review/Public Hearing.

NAME OF BUSINESS/APPLICANT: Chick-fil-	A, Inc.			
SITE ADDRESS: 15180 Washington Street, Hay	ymarket, VA 20169			
ZONING DISTRICT: □ R-1 □ R-2 □ B-1 ■	B-2 □ I-1 □ C-1 SITE PLAN PROPOSED: ■ Yes □ No			
PROPOSED USE(S): Commercial Fast Food CODE SECTION(S) #: 58-:3.2,19.13, 2				
activity including size and type of proposed/existing stru	re below or in an attached narrative, please describe in detail the proposed in a stail the proposed inctures, hours of operation, type of clientele, number of vehicles anticipated in changes that will affect the nature or appearance of the structure(s) or site.			
Supporting Documentation (attached):	ative (addressing criteria of Section 58-9(d)) Plan/Plat			
ADDITIONAL INFORMATION FOR HOME OC	CCUPATIONS (SUBJECT TO SECTION 58-16):			
TYPE OF STRUCTURE: 🗆 SFD 🗀 TH TOTAL FL	OOR AREA OF MAIN STRUCTURE:(sq. ft.)			
FLOOR AREA DEVOTED TO HOME OCCUPATION:(sq. ft.)				
NUMBER / TYPE OF VEHICLES:				
NUMBER / TYPE OF EQUIPMENT AND METHOD	OF STORAGE (i.e. garage, accessory storage, etc.):			
OFF-STREET PARKING SPACES PROVIDED:	NO. OF EMPLOYEES WORKING FROM SITE:			
•	☐ \$200 Residential In-Home Business urbance) ☐ \$1,500 Commercial (land disturbance)			
APPLICANT/PERMIT HOLDER INFORMATION	PROPERTY OWNER INFORMATION			
Chick-fil-A, Inc. / Chad Baker	Meladon Haymarket, LLC			
Name 5200 Buffington Road	Name 1602 Village Market Blvd. SE. Suite 235			
Address Atlanta, GA 30349	Address Leesburg, VA 20175			
City State Zip	City State Zip			
Phone#(s) chad.baker@cfacorp.com	Phone#(s)			
Email Address	Email Address			



SUP#	
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APPLICANT / PROPERTY OWNER CONSENT	*****REQUIRED****			
foregoing application and that the information provided here activity and method of operation described. Construction of ar	arcel, do hereby certify that I have the authority to make the in or attached hereto is correct and a true representation of the my improvements described herein and as shown on the attached es of the Town of Haymarket, any additional restrictions and/or Council, and all other applicable laws.			
Undan	Don Wooden			
Applicant Signature	Property Owner Signature			
1/25/2024 2:24 PM EST	01-25-24			
Date	Date			
OFFICE USE ONLY				
DATE FILED: FEE AMOUNT:	DATE PAID:			
DATE TO ZONING ADMINISTRATOR:	STAFF REVIEW COMPLETE:			
APPLICABLE ZONING ORDINANCE SECTION(S) / RECOMMENDED CONDITIONS:				
	*			
ZONING ADMINISTRATOR	DATE			
DATE TO PLANNING COMMISSION:	PUBLIC HEARING DATE:			
☐ RECOMMEND APPROVAL ☐ RECOMMEND DENIAL ☐ NO RECOMMENDATION RECOMMENDED CONDITIONS:				
CHAIRMAN	DATE			
DATE TO TOWN COUNCIL:	PUBLIC HEARING DATE:			
☐ APPROVED ☐ DENIED				
CONDITIONS:				
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