



# Application for Special Use Permit

Please See the List at the bottom of page 4 for the Appropriate Fee  
 (staff will assist you with this item)

Project Name (how should we refer to this application?): SINGLETON STUDIOS

\*Existing Use: \_\_\_\_\_ Proposed Use: Recording Studio

\* Zoning District: RA Zoning Ordinance Section number requested: 49.407 (BARW)  
 (\*staff will assist you with this item)

Number of acres to be covered by Special Use Permit (if a portion it must be delineated on a plat): 10.2.2.31

Is this an amendment to an existing Special Use Permit?  
 Are you submitting a preliminary site plan with this application?  YES  NO  
 YES  NO

Contact Person (Who should we call/write concerning this project?): Matthew R. Singleton

Address 135 Quaudary Farm City Charlottesville State VA Zip 22902

Daytime Phone (434) 245-8420 Fax # 434-245-0751 E-mail mattsingleton7@earthlink.net

Owner of Record Matthew R. Singleton + Elizabeth St. Cloud Muse Living Trust

Address 135 Quaudary Farm City C-ville State VA Zip 22902

Daytime Phone ( ) same Fax # same E-mail same

Applicant (Who is the Contact person representing? Who is requesting the rezoning?): same

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Tax map and parcel: 103 parcel 16D

Physical Street Address (if assigned): same

Location of property (landmarks, intersections, or other): \_\_\_\_\_

Does the owner of this property own (or have any ownership interest in) any abutting property? If yes, please list those tax map and parcel numbers  
TM 102 Parcel 39J, TM 113 Parcel 2A, TM 103 Parcel 16B

OFFICE USE ONLY  
 Fee amount \$ 440 Date Paid 3/28/05 Check # 1437 By Who? Elizabeth Cloud Muse Receipt # 09936 By: Ah

History:  
 Special Use Permits: no history in spec  ZMAs & Proffers: \_\_\_\_\_  
 Variances: \_\_\_\_\_  Letter of Authorization \_\_\_\_\_  
 Concurrent review of Site Development Plan?  YES  NO ARS ok.

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Describe your request in detail and include all pertinent information such as the number of persons involved in the use, operating hours, and any unique features of the use: The request is to change an old barn on our property into a small recording studio. It will be a sole proprietorship with no additional employees. There will rarely, if ever, be more than a few clients in attendance at any given time. Operating hours will vary. The most unique feature will be the control of sound. In a studio such as this, the main concern is sound coming IN and affecting the quality of ~~recording~~ work in the opposite manner - there will be very minimal sound getting OUT.

**ATTACHMENTS REQUIRED** - provide two (2) copies of each

1. Recorded plat or boundary survey of the property requested for the rezoning. If there is no recorded plat or boundary survey, please provide legal description of the property and the Deed Book and page number or Plat Book and page number.

Note: If you are requesting a rezoning for a portion of the property, it needs to be described or delineation on a copy of the plat or surveyed drawing.

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, a document acceptable to the County must be submitted certifying that the person signing below has the authority to do so.

If the applicant is a contract purchaser, a document acceptable to the County must be submitted containing the owner's written consent to the application.

If the applicant is the agent of the owner, a document acceptable to the County must be submitted that is evidence of the existence and scope of the agency.

**OPTIONAL ATTACHMENTS:**

3. Provide 16 copies of any drawings or conceptual plans.

4. Additional Information, if any. (16 copies)

**Owner/Applicant Must Read and Sign**

I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner in filing this application. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge.

Matthew R. Singleton & Elizabeth St. Cyr  
Signature of Owner

3/28/05  
Date

Matthew R. Singleton & Elizabeth St. Cyr  
Print Name

434.245.8420  
Daytime phone number of Signatory

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