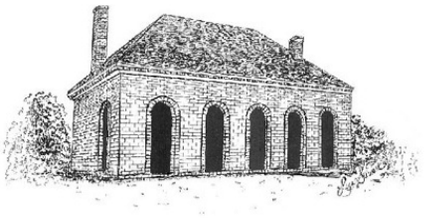

HANOVER COURTHOUSE

HANOVER COUNTY

ESTABLISHED IN 1720

WWW.HANOVERCOUNTY.GOV

P.O. BOX 470, HANOVER, VA 23069
PHONE: 804-365-6171

August 12, 2026

Mile Branch Investments L.L.C.
C/O Grayson Johnson
2418 Granite Ridge Rd, Suite D
Rockville, VA 23146

RE: Extension of CUP2023-00011, Mile Branch Investments, L.L.C.

Dear Mr. Johnson:

Please be advised that the above-referenced Conditional Use Permit, approved by the Hanover County Board of Supervisors, is scheduled to expire on Sunday, November 22, 2026. In order to request an extension, please complete the attached form and submit it to the Hanover County Planning Department no less than three (3) weeks before the Expiration Date.

Following submittal of your extension application, your property will be inspected for compliance with the conditions of approval. The Director of Planning will review your request and notify you by letter of the determination.

If you do not wish to request an extension, please notify the Hanover County Planning Department by letter no less than three weeks before the Expiration Date. If you have any questions, please contact me at (804) 365-6171.

Sincerely,

Makayla Stepp-Davis

Makayla Stepp-Davis
Planning Technician II

Hanover County Planning Department Application

Request for a Special Exception/ Conditional Use Permit Extension

Case #: _____ Please type or print in **black** ink.

APPLICANT INFORMATION

Owner/Applicant: _____
Contact Name: _____
Address: _____
_____

Telephone No. _____
Fax No. _____
Email Address _____
_____

PROPERTY INFORMATION/ EXPLANATION

GPIN(s)(Tax Parcel #'s)_____
_____
Magisterial District _____
Location Description (Street Address, if applicable) _____

1) Briefly explain what progress has been made towards project completion: _____
_____
_____

2) What applications have been submitted and/or approved (ex. site plans): _____
_____

3) Briefly explain why an extension is necessary: _____
_____
_____
_____

4) What is the timeline for moving forward with remaining applications and construction? _____
_____

5) How much time is needed to complete the project? _____
_____

SIGNATURE OF APPLICANT

As owner or authorized agent of this property, I hereby certify that this application is complete and accurate to the best of my knowledge, and I authorize County representatives' entry onto the property for purposes of reviewing this request.

Signature _____ Date _____

Print Name _____

ATTACHMENTS

- ☐ a. **Extension Fee -** Special Exception $20.00
  Conditional Use Permit $700.00
- ☐ b. For applications for mobile homes needed in a medical hardship case, provide an **updated note from a medical doctor** verifying that for health reasons a person must be located in close proximity to others who can provide care.
- ☐ c. Other information needed to support your request