

# Application for Subdivision Waiver Request

This application and accompanying information must be submitted in full before the subdivision request can be reviewed or referred to the Planning Commission for consideration. Please contact the Zoning Administrator at 540-483-0907 for application deadlines and questions.

1. Applicant's Name: \_\_\_\_\_
2. Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_
3. Property Owner's Name: \_\_\_\_\_
4. Property Owner's Address: \_\_\_\_\_  
\_\_\_\_\_
5. Subdivision Name: \_\_\_\_\_
6. Project Engineer: \_\_\_\_\_
7. Tax Map & Parcel Number: \_\_\_\_\_
8. Zoning District: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

.....  
**I HEREBY APPROVE THIS APPLICATION AS PRESENTED, NOTING THAT ALL  
REQUIRED INFORMATION IS ATTACHED ACCORDING TO THE  
SPECIFICATIONS OF THE SUBDIVISION ORDINANCE.**

\_\_\_\_\_  
Signature of Zoning Administrator

\_\_\_\_\_  
Date