

Application for Plat Review

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. Plat Name: _____
6. Plat Type: Vacate Lines Easements Minor Subdivision
 Major Subdivision Family Subdivision
7. Lots Created: _____ 8. Tax Map Number: _____
9. Project Engineer/Surveyor: _____
10. 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