



Town of Rocky Mount PLAT - SITE PLAN APPLICATION

PLAT REVIEW SITE PLAN REVIEW SUBDIVISION WAIVER REQUEST

Date Received:
Received by:
PC/BZA Date:

PRE-FILING CONSULTATION WITH THE TOWN PLANNING STAFF TO REVIEW THE PROPOSED REQUEST AND TO OBTAIN RECOMMENDED PROCEDURES AND TECHNICAL ASSISTANCE IS REQUIRED. TO SCHEDULE A PRE-FILING CONSULTATION, PLEASE CONTACT THE TOWN OF ROCKY MOUNT COMMUNITY DEVELOPMENT DEPARTMENT AT 540-483-0907.

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PROPERTY OWNERS NAME & ADDRESS:
(IF DIFFERENT FROM APPLICANT) _____

TAX MAP & PARCEL NUMBER: _____ LOT SIZE (ACRES/SQ.FT.) _____

CURRENT ZONING: R-1 R-2 R-3 RA RB RPUD POS C-1 C-2 M-1 M-2 CBD CBD-ARTS & CULTURE GB

CURRENT LAND USE: VACANT AGRICULTURAL RESIDENTIAL COMMERCIAL INDUSTRIAL

PLAT REVIEW
 PLAT NAME: _____ ENGINEER/ARCHITECT: _____
 PLAT TYPE: VACATE LINES EASEMENTS MINOR SUBDIVISION MAJOR SUBDIVISION FAMILY SUBDIVISION

SITE PLAN REVIEW
 SITE PLAN NAME: _____ ENGINEER/ARCHITECT: _____

SUBDIVISION WAIVER REQUEST
 SUBDIVISION NAME: _____ ENGINEER/ARCHITECT: _____

NATURE OF REQUEST - BRIEFLY DESCRIBE THE PROPOSED PROJECT.

I HEARBY CERTIFY THAT I AM ACTING WITH THE KNOWLEGE AND CONSENT OF THE PROPERTY OWNER TO THE REQUEST DESCRIBED ON THE APPLICATION. BY SIGNING BELOW, I AGREE THE INFORMATION PROVIDED ON THE APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

 APPLICANT SIGNATURE

 DATE

BY SIGNING BELOW, I CERTIFY I AM AWARE OF THE REQUEST SUBMITTED AND THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

 OWNER SIGNATURE

 DATE