COMMONWEALTH OF VIRGINIA

CHARLES CITY COUNTY

Subdivision Application

Application # _____
Date _____
Fee _____

Subdivision Classification:
_____ Minor _____ Major
__ Re-subdivision __ Clustering __ Large Lot __ Re-subdivision
_____ Commercial

Tax Map Parcel # _____ Parcel Acreage _____ Zoning _____
Magisterial District: _____ Harrison _____Tyler _____ Chickahominy
Street Location: _____
*Provide a copy of the Grantor's Deed of Record with application.

Owner: _____
Address: _____
Daytime Phone _____ Cell _____

Applicant/Agent _____
Address: _____
Daytime Phone _____ Cell _____

Engineer/Land Surveyor: _____
Address: _____ Daytime Phone _____

Request to subdivide _____ acres into _____ lots, ranging from _____ to _____ acres in size.
Subdivision Name _____

Please provide information relating to the nature of this request which would assist Staff, Board of Supervisors and Planning Commission in their review. (Attach additional sheets if necessary.)

_____
_____
_____
_____
_____
_____

Application # _____
Date _____

LIST OF ADJACENT PROPERTY OWNERS:
The application must list the names and addresses of all adjoining/adjacent property owners (including properties on the other side of a street or stream). Notice of the application shall be sent by certified mail to all such property owners at least ten (10) days prior to consideration, whether by the agent or the Planning Commission. Notification shall explain the application request, and where it may be reviewed. Consider attaching a copy of this application and/or a location map to the notice.

The following property owner's names are from the Commissioner of Revenue records.
(Attach additional sheets if necessary.)

County Tax Map Parcel # ___ Owner Name/Address

_____

_____

_____

_____

_____

_____

I do hereby certify that to the best of my knowledge, all information contained within this application is true and correct. I have attached a survey plat of the area proposed for subdivision and the following additional materials:

_____

_____

NOTE: If the property owner(s) as shown by the tax commissioner's office is (are) not the applicant, the owner's (owners') signed and notarized authorization(s) must accompany this application.

OWNERS SIGNATURE DATE

_____

_____

APPLICANT/AGENT SIGNATURE

_____

_____