

Department of Planning & Community Development



Development Application

Date: _____

Project Information

Project Name			
Street Address/Location			
Zoning Code and District			
Tax Map & Parcel #			
Has property been rezoned or have proffers or conditions?	YES	NO	

Applicant

Primary Contact **YES** **NO**

Name	
Mailing Address	
City, State, Zip	
Home/Work Phone	
Cell Phone	
Email Address	

Owner

Primary Contact **YES** **NO**

Name	
Mailing Address	
City, State, Zip	
Home/Work Phone	
Cell Phone	
Email Address	

Engineer/Surveyor

Primary Contact **YES** **NO**

Name	
Mailing Address	
City, State, Zip	
Home/Work Phone	
Cell Phone	
Email Address	

PLEASE SEE BACK

Submittal Type (Check all that apply)

<input type="checkbox"/> Minor Subdivisions (9 lots or less for lots under 5 acres) (\$75.00 + \$15.00 PER LOT)	<input type="checkbox"/> How Many Lots?
<input type="checkbox"/> Family Divisions (\$50.00)	
<input type="checkbox"/> Boundary Line Adjustments (\$50.00)	
<input type="checkbox"/> Vacations (\$50.00)	
<input type="checkbox"/> Vacations Requiring Public Hearing (\$200.00 PLUS AD FEE)	
<input type="checkbox"/> Major Subdivisions (10 lots or greater for lots under 5 acres) (\$150.00 + \$15.00 PER LOT)	<input type="checkbox"/> How Many Lots?
<input type="checkbox"/> Large Lot Subdivisions (5 to 15 acres on State or Private Road) (\$10.00 PER LOT)	<input type="checkbox"/> How Many Lots?
<input type="checkbox"/> Exempt Plat (for Tracts being greater than 15 acres) (NO FEE)	
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Total acreage
<input type="checkbox"/> Erosion Plan	<input type="checkbox"/> Total acreage disturbed
<input type="checkbox"/> Stormwater Management Plan	
<input type="checkbox"/> Public Water/Sewer Plans (Residential / Commercial)	
<input type="checkbox"/> Other	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I also certify that the following plan will be followed and implemented as per the signed/approved plans.

Print Name: _____

Signature: _____

1255 Franklin Street, St. 103, Rocky Mount, Virginia 24151

(Rev. 2/17/2021)