

# APPLICATION FOR PRELIMINARY SUBDIVISION REVIEW

Town of Culpeper, Virginia  
 Department of Planning and Community Development  
 400 S. Main St., Suite 301 Culpeper, Virginia 22701  
 Phone: 540-829-8260 Fax: 540-829-8279

Application for Preliminary Subdivision Plan -- Review and Approval by the Town of Culpeper Planning Commission.

## General Information & Instructions to Applicants:

Pursuant to the Culpeper Town Code, Chapter 22, (Subdivisions), application is hereby made for preliminary subdivision review and approval.

Preliminary subdivision plans are reviewed and approved, approved with conditions, or disapproved by the Town of Culpeper Planning Commission.

Please submit application and fifteen (15) copies of a subdivision plan together with the required fees to the Zoning Administrator not less than 28 (twenty eight) calendar days prior to the next regularly scheduled meeting of the Planning Commission. If you are sending your subdivision plans by mail, send your information to the Department of Planning Community Development according to the address at the top of this application.

|                       |                      |                                      |                      |
|-----------------------|----------------------|--------------------------------------|----------------------|
| Date:                 | <input type="text"/> | Preliminary Subdivision Case Number: | <input type="text"/> |
| Property Owner:       | <input type="text"/> | Engineer:                            | <input type="text"/> |
| Owner Address:        | <input type="text"/> | Engineer Address:                    | <input type="text"/> |
| Owner City/State/Zip: | <input type="text"/> | Engineer City/State/Zip:             | <input type="text"/> |
| Owner Phone:          | <input type="text"/> | Engineer Phone:                      | <input type="text"/> |

|                 |                      |                  |                      |
|-----------------|----------------------|------------------|----------------------|
| Tax Map Number: | <input type="text"/> | Zoning District: | <input type="text"/> |
|-----------------|----------------------|------------------|----------------------|

|               |                      |
|---------------|----------------------|
| Project Name: | <input type="text"/> |
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|                   |                      |
|-------------------|----------------------|
| Location of Site: | <input type="text"/> |
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|               |                      |           |                      |
|---------------|----------------------|-----------|----------------------|
| Intended Use: | <input type="text"/> | Lot Area: | <input type="text"/> |
|---------------|----------------------|-----------|----------------------|

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|--|----------------------|
| Signature of Property Owner or Authorized Agent: | <input type="text"/> |
|--|----------------------|

## Administrative Section - DO NOT WRITE BELOW THIS LINE

|                  |                      |                      |                      |                      |                 |                      |
|------------------|----------------------|----------------------|----------------------|----------------------|-----------------|----------------------|
| Fees Paid:       | Amount of Fees Paid: | <input type="text"/> | Date Staff Received: | <input type="text"/> | Staff Initials: | <input type="text"/> |
| PC Meeting Date: | <input type="text"/> | Action Taken:        | <input type="text"/> |                      |                 |                      |