

APPLICATION FOR MAJOR 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 Major 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 major subdivision review and approval.

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 forty-five (45) 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"/> | Major 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:

Location of Site:

| | | | |
|----------------------|----------------------|------------------|----------------------|
| Intended Use: | <input type="text"/> | Lot Area: | <input type="text"/> |
|----------------------|----------------------|------------------|----------------------|

Signature of Property Owner or Authorized Agent:

Administrative Section - DO NOT WRITE BELOW THIS LINE

| | | | |
|--|--|--|---|
| Fees Paid: <input type="checkbox"/> | 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"/> |
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