

MADISON COUNTY BUILDING & ZONING DEPARTMENT

410 N Main Street, Madison, VA 22727

Phone: (540) 948-6102

www.madisonco.virginia.gov**SITE PLAN APPLICATION**

Application Fee:

Site Plan Review/Approval, Minimum Fee \$500.00

Additional Fee, Per Disturbed Acre \$150.00

OWNER INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

APPLICANT INFORMATION: Owner Agent

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PROPERTY INFORMATION:

Property Address: _____

Directions to Site: _____

Tax Map Number(s): _____

Acreage of Parcel(s): _____

Is the property located in a subdivision? Yes No*If yes, which one:* _____Is the parcel located in the floodplain: Yes No

Zoning Classification:

Conservation (C-1)Agricultural (A-1)Residential, Limited (R-1)Residential, General (R-2)Residential, Multiple Family (R-3)Business, General (B-1)Industrial, Limited (M-1)Industrial, General (M-2)**REQUEST:** Initial Site Plan Review Amendment to an Existing Approved Site Plan Review

Please explain the scope/purpose of the project:

Please provide the proposed total acreage covered by request: _____

Have you obtained an entrance permit from the Virginia Dept. of Transportation: Yes No N/A

If yes, please provide copies of the permits with this application.

Water and sewage source for the proposed site:

Private Well Private Septic Public Water Public Sewer None

Have you obtained a permit from the Virginia Dept. of Health for well and septic: Yes No N/A

If yes, please provide copies of the permits with this application.

Please provide the proposed total amount of land to be disturbed associated with the proposal:

Please provide any additional comments you may have related to the proposal in the space below:

**You must include a site plan checklist with the application and plans.
Applications will be considered incomplete without this.**

I hereby certify that I have the authority to make the foregoing application and that the information supplied on this application and the attachment(s) to this application is accurate and true to the best of my knowledge. I have read the ordinance requirements. This request will conform to all applicable state and county regulations. In addition, I hereby grant permission to the employees of Madison County to enter the above property for the purposes of reviewing and processing this application.

Signature of Property Owner

Date

Signature of Agent for Owner (if applicable- see below)

Date

If agent for owner, please provide the following information:

Printed name and title of agent for owner: _____

Mailing address of agent for owner: _____

Phone number and email of agent for owner: _____

**SITE PLAN APPLICATION CONTINUED
OFFICE USE ONLY:**

Approved Denied

Tracy Clatterbuck, Planning & Zoning Administrator

Date

Janet Sawyer Henshaw, Building/Zoning Technician

Date

Have all necessary statements, plats, plans, or other pertinent information been submitted: Yes No

Planning Commission: Approved Denied N/A Date: _____

Board of Supervisors: Approved Denied N/A Date: _____

Conditions, if any:

Amount Due: _____ Payment Type: _____ Payment Date: _____ Staff Initials: _____ Case #: _____