

MADISON COUNTY BUILDING & ZONING DEPARTMENT

410 N Main Street, Madison, VA 22727

Phone: (540) 948-6102

www.madisonco.virginia.gov

SUBDIVISION APPLICATION (FAMILY & NON-FAMILY)

Application Fees:

Family Division Plat- \$350.00 plus additional \$150.00 per lot

Subdivision Plat- \$850.00 plus additional \$150.00 per lot

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): _____

Total Acreage: _____

Is the property located in the floodplain: Yes No

Is the parcel currently located in a subdivision? Yes No

If yes, which one: _____

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)

PROPOSAL:

Family Subdivision Non-Family Subdivision

Number of lots proposed (including the residue parcel): _____

Size of lots proposed (including the residue parcel): _____

Is a new right-of-way being proposed: Yes No

What is the number of lots being served by the proposed right-of-way: _____

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

*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.*

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)
If agent for owner, please provide the following information:

Date

Printed name and title of agent for owner:

Mailing address of agent for owner: _____

Phone number and email of agent for owner:

OFFICE USE ONLY:

Approved Denied

Allen Nicholls, Planning & Zoning Administrator

Date _____

Stacy Meredith, 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 #:**