

**MADISON COUNTY BUILDING & ZONING DEPARTMENT**

410 N Main Street, Madison, VA 22727

Phone: (540) 948-6102

[www.madisonco.virginia.gov](http://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

*\*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.**

Date

Date \_\_\_\_\_

Phone number and email of agent for owner:

☐ Approved      ☐ Denied

Date

Date

Conditions, if any:

Amount Due: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Case #: \_\_\_\_\_