

**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)**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:

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

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**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.

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Signature of Property Owner

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Date

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

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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

Allen Nichols, 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 #: \_\_\_\_\_