

MADISON COUNTY

ZONING OR SUBDIVISION REQUEST

- Zoning Permit Subdivision Family Subdivision Site Plan Variance
 Boundary Line Adjustment Special Use Permit Rezoning Temporary Housing

Owner Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____

Applicant: Owner Agent Surveyor

Applicant Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____

Property Information

Location/Address of request: _____ Tax Map _____
Zoning: _____ Lot Size: _____ Setbacks: Front: _____ # Sides: _____ Rear: _____
Shrink-Swell Soils: Yes No Moderate Severe 24" Footing N/A
Floodplain on Parcel: Yes No Structure located in floodplain? Yes No
Right-of-Way Created? Yes No VDOT entrance permit obtained? Yes No N/A
Number of lots served by right-of-way: ____ For ROW and entrance info contact Willis Bedsaul @ VDOT (434) 293-0011
Virginia Department of Health Permit Obtained Yes No N/A Permit # _____

Purpose of Request: _____

Request Information – (Complete for all except zoning permits)

The owner/applicant of the described property hereby submits request as required by Article(s) _____ of the Madison County _____ Ordinance.

Existing Acreage: _____ Acreage Covered by Request: _____ Proposed # of Lots: _____
A Soil & Erosion plan is required for disturbing more than 10,000 sq. ft. Verify with E&S Program Administrator.

Surveyor/Engineer Name: _____ Phone Number: _____

I hereby certify that I have the authority to make the foregoing application and that the information given is correct. This request will conform to all applicable state and county regulations, Madison County Zoning and Subdivision ordinances.

Signature of Owner or Agent

Date

Office Use Only:

Approved Denied

Ligon Webb County Planner, or Designee

Date

Planning Commission: Approved Denied Date: _____ Board of Supervisors: Approved Denied

Date: _____ Conditions, if any: _____

Amount Due: \$ _____ Payment Type: _____ Payment Date: _____ Permit #: _____