

Site Plan Development Application

Community Development | Development Services
 57 S. Center Drive, Daleville, VA 24083
 P. 540.928.2070
 E. permits@botetourtva.gov



Check Appropriate Box <input type="checkbox"/> 1st Submittal *2nd Submittal <input type="checkbox"/> _____ *Submittal <small>*Revision dates required on plans</small>	Revision to approved plan	Project Number: _____
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SITE INFORMATION	Development / Project Name: _____		
	#1 Site Address: _____	Tax Map#: _____	
	Owner(s): _____		Zoning: _____
			District: _____
	Mailing Address: _____		Phone: _____
	City / State / Zip: _____		E-mail: _____
Project Description: _____			

SEE BACK IF ADDITIONAL SITE ADDRESSES ARE INVOLVED ➔

APPLICANT INFORMATION	Applicant Name (if other than owner): _____		Phone: _____
	Applicant Address: _____	Company: _____	
	City / State / Zip: _____	E-mail: _____	

SUBMITTED DOCUMENTS & FEES	<input type="checkbox"/> Planning & Zoning Review Fees	<input type="checkbox"/> Narrative	<input type="checkbox"/> _____
	<input type="checkbox"/> Land Disturbance Review Fees	<input type="checkbox"/> ESC/Stormwater Checklist	<input type="checkbox"/> _____
	<input type="checkbox"/> (3) Full Size Sets of Plans	<input type="checkbox"/> Digital Plan Set	<input type="checkbox"/> _____
	<input type="checkbox"/> E&S and Stormwater Calculations	<input type="checkbox"/> _____	<input type="checkbox"/> _____

DEVELOPMENT INFORMATION	Proposed Use: _____
	Number of Lots: _____
	Deeded Area: _____
	Total Disturbed Area: _____

LAND DISTURBANCE REVIEW FEES	<input type="checkbox"/> Cash
	<input type="checkbox"/> Check # _____
	<input type="checkbox"/> Credit Card
AMOUNT DUE	

PLANNING & ZONING REVIEW FEES	<input type="checkbox"/> Cash
	<input type="checkbox"/> Check # _____
	<input type="checkbox"/> Credit Card
AMOUNT DUE	

UTILITY SERVICES	<u>Water Provider</u>
	<input type="checkbox"/> Western Va. Water Authority
	<input type="checkbox"/> Health Dept. Well
	<input type="checkbox"/> Private Co. _____
	<u>Sewer Provider</u>
	<input type="checkbox"/> Western Va. Water Authority
<input type="checkbox"/> Health Dept. Septic	
<input type="checkbox"/> Private Co. _____	
<u>Power Company</u>	
AEP	
Dominion	
Craig-Botetourt	

OWNER / AGENT AGREEMENT	
<p><i>It is understood that submission of inaccurate or incomplete information may delay final approval of the comprehensive development plans.</i></p> <p><i>I do hereby certify that I fully understand the provisions of all Botetourt County ordinances, policies and programs as they relate to the above referenced project. I further grant the right-of-entry to this project, as described above, to the designated personnel for the purpose of inspecting and monitoring for compliance with the aforesaid ordinances, policies and programs.</i></p>	
_____	_____
OWNER OR AGENT SIGNATURE	DATE

**SITE INFORMATION
CONTINUED**

#2 Site Address:	Tax Map#:	Zoning:
Owner(s):	District:	
Mailing Address:	Phone:	
City / State / Zip:	E-mail:	
#3 Site Address:	Tax Map#:	Zoning:
Owner(s):	District:	
Mailing Address:	Phone:	
City / State / Zip:	E-mail:	
#4 Site Address:	Tax Map#:	Zoning:
Owner(s):	District:	
Mailing Address:	Phone:	
City / State / Zip:	E-mail:	