

BOTETOURT COUNTY DEVELOPMENT SERVICES

MINOR (5 Lots or less) SUBDIVISION

PRELIMINARY PLAT REVIEW APPLICATION

5 West Main Street, Suite 100 ♦ Fincastle, VA 24090 ♦ 540.473.8320

Subdivision Information

Total Acreage:		Magisterial District:			
Tax Map Number(s):		# Lots Proposed:		Zoning Classification	
Indicate if well and septic or public water and/or public sewer are proposed for this project.					
<input type="checkbox"/> Well and septic					
<input type="checkbox"/> Public water and/or public sewer _____ (name of provider/company)					
<input type="checkbox"/> Community water/sewer _____ (name of provider/company)					
<input type="checkbox"/> Community water/septic _____ (name of provider/company)					

Property Owner Information

Name:				
Mailing Address:				
Telephone Number:				
Fax Number:		Email:		

Surveyor Information

Name:				
Mailing Address:				
Telephone Number:				
Fax Number:		Email:		

Is this a family subdivision?	Yes	No
Has the person listed as the family member previously received a lot or parcel under the family subdivision ordinance?		
List the name and relationship of the person(s) receiving the family subdivision lot.		

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All applicants must have notarized signatures by the current property owners. By signing below, signature(s) indicate consent for county officials to conduct site reviews on this property.

Signature and printed name of property owners _____
Date

Signature and printed name of property owners _____
Date

State of Virginia
County of Botetourt to Wit:

The foregoing instrument was acknowledged before me this _____ day of _____ 2____ by

Printed name of property owners

My commission expires: _____ Date

Notary Public printed name and registration number _____
Notary Public signature

Signature and printed name of property owners _____
Date

Signature and printed name of property owners _____
Date

State of Virginia
County of Botetourt to Wit:

The foregoing instrument was acknowledged before me this _____ day of _____ 2____ by

Printed name of property owners

My commission expires: _____ Date

Notary Public printed name and registration number _____
Notary Public signature

Note: Signature(s) of property owner(s) must be notarized.