## King & Queen County Land Development Application

Planning & Zoning Department P.O. Box 177

King & Queen Courthouse, VA 23085 Phone: (804) 785-5975 or (804) 769-5000 Fax: (804) 785-5999 or (804) 769-5070

## \*Please print in ink or use a typewriter

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Applicant:	
Applicant's Address:	
Applicant's Phone:	_
Agent (Contact Person):	
Agent's Address:	
Current Property Owner:	
Owner's Address:	
Owner's Phone:	
Correspondence to be sent to:ApplicantOwn	erAgentOther
Tax Map Number:	Magisterial District:
General Project Location:	
Size of Request:	
*Are Proffer's being offered along with this Application:	YES or NO If so please attach.
Check Appropriate Request:	
Zoning Administrator  : Site Plan (Level 1)  : 1-2 Lot Subdivision Request  : Family Subdivision Review  : Boundary Line Adjustment  : Plat Approval	Planning Commission: Site Plan (Level 2): Chesapeake Bay Exception: Other: Final Plat Review for Minor & Major Subdivision
Planning Commission & Board of Supervisors  : Rezoning : Conditional Use Permit : Zoning Ordinance Text Amendment : Subdivision Ordinance Text Amendment : Site Plan (Level 3) : Other : Preliminary Plat Review for Minor & Major	Board of Zoning Appeals : Administrative Appeal : Variance : Special Exception : Other

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## **Complete As Applicable:**

Name of Subdivision, Development, or Proposal:	
Proposal/Request:	
Reason for Request:	
percolation tests, topographic studies, or other requi	to the best of my knowledge. I acknowledge that any rements of the Health Official or the Zoning Administrator the County may deny, approve, or conditionally approve that orners have been clearly staked and flagged.
Applicant's Signature:	Date:
application is for the purpose of subdivision, further and approval by the Board of Supervisors. Furtherm	derstand its content, and freely consent to it's filing. If this subdivision of this property will require a new application nore, I grant permission to the Zoning Administrator and the such investigations and tests as they deem necessary.
Owner's Signature:	Date: