

COUNTY OF DINWIDDIE

Stewardship
Teamwork
Respect
INTEGRITY
Value-Added Customer
Service Excellence



Planning Director
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OFFICE OF PLANNING AND ZONING

SUBDIVISION PLAN REVIEW APPLICATION

New Subdivision Site Plan Revision of Approved Subdivision Site Plan

Subdivision Name: _____

Location: _____

Tax Parcel #: _____ Zoning Classification: _____ Acreage: _____

Zoning Case #: _____ Preliminary/Tentative Case #: _____

Development Type: Single Family Mixed Use Multi-Family

Water: Community System Public Water Well

Sewer: Community System Public Sewer Septic

Number of Lots: _____ Average Lot Size: _____ Min. Lot Size: _____ Max Lot Size: _____

Average Lot Width: _____ Min. Lot Width: _____ Acreage in Lots: _____ Acreage in Roads: _____

Acreage in Open Space: _____ Total Acreage: _____ Sidewalks: _____ lf. Trails: _____ lf.

CONTACT INFORMATION

Developer Name: _____

Address: _____

Phone: _____ Email: _____

Applicant Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

REQUIRED INFORMATION FOR APPLICATION

The applicant must **INITIAL** next to each requirement and ensure that all information listed below is included in the site plan submittal.

- 1. **GENERAL.** Site plans were prepared by the Appropriate Authorize Design Professional licensed to practice in Virginia.
- 2. **NUMBER OF COPIES.** Five copies of the site plan must be submitted to the Planning Department for Review.
- 3. **CHECKLIST.** Site plan review checklists from VDOT, Dinwiddie County Water Authority, Dinwiddie Fire, and Dinwiddie Planning are included in the submittal packet.
- 4. **CALCULATIONS.** All stormwater calculations and any other calculations that are used to demonstrate that the site is designed to function as intended are included in the submittal packet.
- 5. **APPLICATIONS AND FEES.** The Subdivision Site Plan Review Application, E&S Plan Review application, and the appropriate fees are included in the submittal packet. All fees must be paid before any plan review can commence.

REVIEW FEE

Review Fee: **\$300.00**

No. of Lots: _____ X \$15.00 + _____

Total Fee: = _____

All information contained herein is true and complete to the best of my knowledge. I authorize you, the merchant, to initiate an electronic debit to my account for the amount rendered on this check plus the legal limit returned check fee if the item is dishonored. The use of a check for payment is my acceptance of this policy.

Applicant Name (print): _____ Date: _____

Applicant Signature: _____