



COMMONWEALTH OF VIRGINIA  
**COUNTY OF CUMBERLAND**

<b>Internal Use Only</b>	
FILE# _____	STAFF _____
RECEIVED _____	
COMPLETED _____	
FEE/Ck. # _____	
RECEIPT # _____	

**Subdivision Application**

Form shall be completed in ink pencil will not be accepted.  
 Last revised: 08/17/2011

**IMPORTANT NOTE:** FOR CERTAIN LARGE-SCALE DEVELOPMENTS, STATE LAW NOW REQUIRES A TRAFFIC IMPACT ANALYSIS (T.I.A.) be completed and submitted with a rezoning application **before** the County can deem the application complete.

*\*\*Please see a T.I.A. info sheet and checklist to determine if such a study shall be required as part of the application. Please contact the zoning administrator for any questions.*

**1. Type of subdivision:** (check appropriate boxes)

Type	Description	Info Required
<input type="checkbox"/> <b>Minor</b>	<u>Includes:</u> <input type="checkbox"/> By-right division (division producing up to 5 lots)	⇒ Deed/survey showing tract ⇒ Final plat (see sec. 54-121)
	<input type="checkbox"/> family division (1 lot per immediate family member)	⇒ Copy of Will with List of Heirs ⇒ Final plat (see sec. 54-121)
<input type="checkbox"/> <b>Major</b>	<input type="checkbox"/> Division of any parcel producing 6 or more lots	⇒ Preliminary Plat (see sec. 54-191) ⇒ Rezoning Application (see sec. 54-192) ⇒ Final Plat (see sec. 54-193)

**2. Property Owner** (who currently owns the property?):

Property Tax Map #: \_\_\_\_\_

Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Location of Property: \_\_\_\_\_

*Note: If the property owner(s) as shown by the tax commissioner's office is (are) not the applicant, the owner's (owners') signed and notarized authorization(s) must accompany this application.*

**2. Applicant** (who is applying on behalf of the property owners?)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**3. Surveyor/ Engineer/Architect** (who completed the survey?)

Firm Name: \_\_\_\_\_

Name of Individual Preparing Plat: \_\_\_\_\_ certification #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**4. Legal Description of Property to be Subdivided:**

Tax Map Parcel Number(s): \_\_\_\_\_

Zoning District: \_\_\_\_\_

Physical Address (if any): \_\_\_\_\_

**5. Access to Property to be Subdivided:**

State Route Number and Name: \_\_\_\_\_

Private Road Name: \_\_\_\_\_

Easement (circle):    Yes                      No                      Current Width of Easement: \_\_\_\_\_ ft.

How will road be maintained? \_\_\_\_\_

**6. Certification**

\*If signatory is not owner of record, a completed "Owner/Agent Agreement" must be attached.

**The undersigned hereby certifies that all information submitted with this application is complete, true and correct. I understand any errors and/or omissions may lengthen the time to process the request.**

_____	_____	_____
<i>Print Name of Property Owner</i>	<i>Signature of Property Owner</i>	<i>Date</i>

_____	_____	_____
<i>Print Name of Applicant</i>	<i>Signature of Applicant</i>	<i>Date</i>

_____	_____	_____
<i>Print Name of Property Owner (2)</i>	<i>Signature of Property Owner</i>	<i>Date</i>