



LOUDOUN COUNTY LAND DEVELOPMENT APPLICATION

- (1) This application form must be filled out in its entirety.
- (2) An incomplete application form will result in rejection of the application prior to checklist review.
- (3) If additional space is needed to complete any section of this application, attach a separate sheet containing all the required information and refer to such where appropriate on the form.
- (4) Do not write in shaded areas.
- (5) See attached Instructions for completing the Land Development Application.

PLEASE PRINT IN INK OR USE TYPEWRITER

TYPE OF APPLICATION _____ Loudoun County Zoning Ordinance _____ 1972 Zoning Ordinance _____ 1993 Zoning Ordinance _____ Revised 1993 Zoning Ordinance	Application Number Assigned _____ Fee Amount Paid _____ Receipt Number _____ Date of Official Acceptance _____
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Calculations of Bond (CPAP, CPAP REVISION, REST, STPL, STPR & STMP)

Total Number of Cross-Sections (FPAL Type II & FPST)

Estimated Square Feet of Land Disturbance (SPEX & SPMI)

Project Name: _____	Subdivision Name (if different from project name): _____
	Subdivision Section: Lot Numbers: _____

Description of Proposed Project: (Must be completed)

Number and Types of Proposed Lots	PROPOSED RESIDENTIAL UNITS (This section is to be completed for <u>all</u> residential applications).			
Residential _____		Total Units	Quantity Affordable	Quantity Elderly
Non-residential _____	Detached			
Conservancy _____	Semi-detached			
Open Space _____	Townhouse			
Other (Specify type) _____	Multi-family			
	Other (specify)			
Total Lots _____	Total			

Developer will provide broadband service to these lots: Yes No

PROPOSED NON-RESIDENTIAL SQUARE FOOTAGE This section must be completed for all non-residential applications and non-residential components of residential applications. Describe the type (s) in the appropriated category and the total square footage for the category:

Category	Description of Use	Square Footage
Ag-Residential		
Sales & Service		
Office		
Industrial		
Gov't., Utilities & Public Service		
Recreation & Special Interests		
Transportation & Communications		
Education & Training		
Other (specify)		
Total Square Footage		

PROJECT LOCATION

Property Address: _____	Property Location: _____	Adjacent Roads _____
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ELECTION DISTRICT(S) _____

PROPERTY TAX MAP, ACREAGE AND ZONING INFORMATION

Tax Map Number(s) or PIN Reference(s)	Zoning District(s)	Acreage	Zoning Status	
			Existing	Proposed

SURROUNDING LAND USES AND ZONING

List all surrounding land uses and zoning districts adjacent to the property, including those across roads.

LAND USE		ZONING	
NORTH			
SOUTH			
EAST			
WEST			

APPLICANT(S)

Company Name		Company Name	
Name of Person & Title		Name of Person & Title	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	
Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROPERTY OWNER(S)

Company Name		Company Name	
Name of Person & Title		Name of Person & Title	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	
Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPRESENTATIVE(S)

Company Name		Company Name	
Name of Person & Title		Name of Person & Title	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	
Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CERTIFICATIONS

APPLICANT(S):

The information provided is accurate to the best of my knowledge. I acknowledge that any percolation tests, topographic studies, or other requirements of the Health Official, Director of Building and Development, or Zoning Administrator will be carried out at my expense. I understand that the County may deny, approve, or conditionally approve that for which I am applying. I certify that all property corners have been clearly staked and flagged. I understand the Board of Supervisors may, pursuant to Section 6-405 (B) of the Revised 1993 Zoning Ordinance, declare such application "Dismissed Deemed Withdrawn" should the applicant refuse or neglect to diligently pursue such application either by request of the applicant or by the applicant initiating no contact with County staff and engaging in no activity in regards to the application for periods specified in the Ordinance

Printed Name of Applicant		Printed Name of Applicant	
Signature of Applicant	Date	Signature of Applicant	Date

PROPERTY OWNER(S) (to be signed by all property owners):

I have read this completed application, understand its intent, and freely consent to its filing. Furthermore, I grant permission to the Department of Building and Development and/or Planning and other authorized government agents to enter the property and make such investigations and tests as they deem necessary.

Printed Name of Property Owner		Printed Name of Property Owner	
Signature of Property Owner	Date	Signature of Property Owner	Date