



Department of Plan Review
 25 West Market Street, Leesburg VA 20176
 Phone: 703-771-2772 Fax: 703-771-2724
www.leesburgva.gov

LAND DEVELOPMENT APPLICATION

NOTE: All fields shall be completed and the appropriate checklist must be attached for consideration of a complete application submission.

Application No. _____ - _____ - _____
 (staff to assign)

TYPE OF APPLICATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Boundary Line Adjustment | <input type="checkbox"/> Floodplain Alteration | <input type="checkbox"/> Public Improvements |
| <input type="checkbox"/> Boundary Line Vacation | <input type="checkbox"/> Floodplain Study | <input type="checkbox"/> Right of Way Dedication |
| <input type="checkbox"/> Capital Improvement | <input type="checkbox"/> Lot Grading Plan | <input type="checkbox"/> Rough Grading Plan |
| <input type="checkbox"/> Construction Drawings | <input type="checkbox"/> Minor Modification to Approved Plan | <input type="checkbox"/> Site Plan Waiver |
| <input type="checkbox"/> Correction Plat | <input type="checkbox"/> Mini Site Plan | <input type="checkbox"/> Traffic Signal Plan |
| <input type="checkbox"/> DCSM Modification | <input type="checkbox"/> Minor Site Plan | <input type="checkbox"/> Traffic Study |
| <input type="checkbox"/> Easement Plat | <input type="checkbox"/> Minor Subdivision Plat | <input type="checkbox"/> VSMP / SWPPP |
| <input type="checkbox"/> Final Site Plan | <input type="checkbox"/> Plat of Vacation | |
| <input type="checkbox"/> Final Subdivision Plat | <input type="checkbox"/> Preliminary Subdivision Plat | |

PROPERTY INFORMATION

Project Name: (if applicable)	Subdivision Name:
Address: (if applicable)	Phase / Section:
	Lot Numbers:

PROJECT DESCRIPTION

Description of Proposed Project:

EXISTING CONDITIONS/ MCPI #, ACREAGE AND ZONING INFORMATION

MCPI / PIN #	Site Acreage:	Zoning:	Land Use:
	Proposed Square Footage of Structures:		

Check appropriate Box(s):

- | | | |
|---|---|---|
| <input type="checkbox"/> within Historic District | <input type="checkbox"/> Includes 100-year Floodplain | <input type="checkbox"/> Special Exception Conditions if applicable
Application No: _____ |
| <input type="checkbox"/> within H-2 Corridor | <input type="checkbox"/> includes wetlands | <input type="checkbox"/> Proffered Rezoning Conditions if applicable
Application No: _____ |

APPLICANT(S)

Company Name		Company Name	
Contact		Contact	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	

PROPERTY OWNER(S)

Company Name		Company Name	
Contact		Contact	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	

REPRESENTATIVE(S)

Company Name		Company Name	
Contact		Contact	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	

CERTIFICATIONS

APPLICANT(S):
 I have read this completed application and understand its intent. The information provided is accurate to the best of my knowledge. I understand that the Town of Leesburg may deny, approve, or approve with conditions this application. Furthermore, I grant permission to members of the Town of Leesburg staff and their agents to enter the subject property and conduct investigations necessary to evaluate this application.

_____ Owner Signature Date	_____ Owner Signature Date
_____ Print Name (Owner)	_____ Print Name (Owner)
_____ Applicant Signature Date	_____ Applicant Signature Date
_____ Print Name (Applicant)	_____ Print Name (Applicant)

Staff to complete:

Fee paid: \$ _____ Check #: _____ Receipt #: _____
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