



Department of Plan Review

25 West Market Street, Leesburg VA 20176 P.O. Box 88, Leesburg, VA 20178

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. TL _____ - _____
(staff to assign)

TYPE OF APPLICATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Final Site Plan
<input type="checkbox"/> Minor Site Plan
<input type="checkbox"/> Site Plan Waiver
<input type="checkbox"/> Modification to Approved Plan
<input type="checkbox"/> Rough Grading Plan
<input type="checkbox"/> Capital Improvement
<input type="checkbox"/> Public Improvements
<input type="checkbox"/> Traffic Study
<input type="checkbox"/> Floodplain Study
<input type="checkbox"/> Floodplain Alteration | <input type="checkbox"/> Preliminary Subdivision Plat
<input type="checkbox"/> Final Subdivision Plat
<input type="checkbox"/> Construction Drawings
<input type="checkbox"/> Correction Plat
<input type="checkbox"/> Boundary Line Adjustment
<input type="checkbox"/> Boundary Line Vacation
<input type="checkbox"/> Easement Plat
<input type="checkbox"/> Right of Way Dedication
<input type="checkbox"/> Plat of Vacation
<input type="checkbox"/> Traffic Signal Plan | <input type="checkbox"/> DCSM Modification
<input type="checkbox"/> Variation Request
<input type="checkbox"/> Special Exception
<input type="checkbox"/> Rezoning
<input type="checkbox"/> Concept Development
<input type="checkbox"/> Proffer Amendment
<input type="checkbox"/> Town Plan Amendment
<input type="checkbox"/> Commission Permit
<input type="checkbox"/> Minor Subdivision Plat |
|---|---|--|

PROJECT NAME

	Subdivision Name: Phase / Section: Lot Numbers:
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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: _____
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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
<input type="checkbox"/> within H-2 Corridor	<input type="checkbox"/> includes wetlands	<input type="checkbox"/> Proffered Rezoning Conditions if applicable

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		Contact	
Contact		Mailing Address	
Mailing Address		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	
City, State, Zip Code		City, State, Zip Code	
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.			
<hr/> Owner Signature Date	<hr/> Owner Signature Date		
<hr/> Print Name (Owner)	<hr/> Print Name (Owner)		
<hr/> Applicant Signature Date	<hr/> Applicant Signature Date		
<hr/> Print Name (Applicant)	<hr/> Print Name (Applicant)		

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