

CLARKE COUNTY
LAND DEVELOPMENT APPLICATION



Applicant _____

Applicant's Address _____

_____ City State Zip Code

Applicant's E-Mail Address _____

Agent (Contact Person) _____ Phone _____

Agent's Company _____

Agent's Address _____

Current Property Owner _____

Owner's Address _____ Phone _____

Correspondence to be sent to: Applicant Owner Agent Other

Tax Map Parcel Number _____ Magisterial District _____

General Project Location _____ Site size (gross/net acreage) _____

Check Appropriate Request:

PLANNING COMMISSION

- Major Subdivision
- Minor Subdivision (1 or 2 lots)
- Administrative Subdivision (parcels > 100 acres)
- Boundary Line Adjustment
- Site Plan
- Site Plan Amendment
- Erosion & Sediment Plan
- Storm Water Plan
- Maximum Lot Size Exception

PLANNING COMMISSION & BOARD of SUPERVISORS

- Rezoning
- Special Use Permit
- Comprehensive Plan Amendment
- Zoning Ordinance Text Amendment
- Subdivision Ordinance Text Amendment
- Other

BOARD OF ZONING APPEALS

- Administrative Appeal
- Variance
- Special Exception

BOARD OF SEPTIC & WELL APPEALS

- Administrative Appeal
- Variance

BERRYVILLE AREA DEVELOPMENT AUTHORITY

- Site Plan
- Site Plan Amendment

HISTORIC PRESERVATION COMMISSION

- Certificate of Appropriateness

Complete as applicable:

Name of Subdivision, Development, or Proposal _____

Proposal/Request _____

Existing Zoning _____ Proposed Zoning _____ # of Proposed Lots _____

Applicant: 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 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. Applicant's Signature _____ Date _____

Owner: I have read this completed application, understand its intent, and freely consent to its filing. If this application is for the purpose of subdivision, I understand that further subdivision of this property will not be permitted within twelve (12) months of approval of this action, unless an Exploratory Sketch Plan is submitted with this application. Furthermore, I grant permission to the Planning Department and other authorized government agents to enter the property and make such investigations and test as they deem necessary. Owner's Signature _____ Date _____

THIS PAGE IS FOR OFFICE USE ONLY.

Application Received by: _____ Date _____
Receipt No. _____
Date Application Complete: _____

Recommending/Approving Authority:

	Public Hearing	Recommendation	Approval
_____ Staff	_____	_____	_____
_____ Planning Commission	_____	_____	_____
_____ Board of Supervisors	_____	_____	_____
_____ Septic & Well Appeals	_____	_____	_____
_____ Board of Zoning Appeals	_____	_____	_____
_____ Historic Pres. Commission	_____	_____	_____

Proposed Lot Configuration: (Boundary Line Adjustments, and Subdivisions)

