

TOWN *of* BOYCE

V I R G I N I A

TOWN OFFICE
POST OFFICE BOX 209
BOYCE, VA 22620
540-837-2901

PLANNING OFFICE
101 CHALMERS COURT, SUITE B
BERRYVILLE, VA 22611
540-955-5130

LAND DEVELOPMENT APPLICATION

Applicant _____
Applicant's Address _____
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 _____
Size of request site (gross/net acreage) _____

Check Appropriate Request:

PLANNING COMMISSION

____ Major Subdivision
____ Minor Subdivision (1 or 2 lots)
____ Boundary Line Adjustment
____ Site Plan
____ Site Plan Amendment
____ Erosion & Sediment Plan
____ Maximum Lot Size Exception

PLANNING COMMISSION & TOWN COUNCIL

____ Rezoning
____ Special Use Permit
____ Text Amendment
____ Zoning Ordinance
____ Subdivision Ordinance
____ Other

BOARD OF ZONING APPEALS

____ Administrative Appeal
____ Variance
____ Special Exception

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 Town 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 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)

