COUNTY OF WASHINGTON, VIRGINIA
DEPARTMENT OF ZONING ADMINISTRATION

REQUEST FOR DIVISION SKETCH PLAN/PLAT REVIEW

THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM BEFORE REQUEST MAY BE PROCESSED

⬇ PLEASE BRING ITEM(S) WITH YOU WHEN SUBMITTING FORM ⬇

❶ Two (2) copies of sketch plan or plat requested for review.
❷ One (1) copy of Supporting Materials requested for review (if any).

APPLICANT INFORMATION

APPLICANT NAME: _____

APPLICANT MAILING ADDRESS:

Street Address or P.O. Box | City | State | Zip Code | Area Code & Home Telephone

Area Code & Work Telephone | Area Code & Mobile Telephone | E-mail

IS APPLICANT AN OWNER OF THE PARCEL(S) DEPICTED ON THE SKETCH PLAN OR PLAT BEING SUBMITTED FOR REVIEW:
☐ – YES ☐ – NO If YES, skip below. If NO, provide Owner Information below:

OWNER INFORMATION

OWNER NAME: _____

OWNER MAILING ADDRESS:

Street Address or P.O. Box | City | State | Zip Code | Area Code & Home Telephone

Area Code & Work Telephone | Area Code & Mobile Telephone | E-mail

PLAT INFORMATION

TYPE OF SUBMISSION: ☐ –SKETCH PLAN ☐ –PRELIMINARY PLAT ☐ –FINAL PLAT

☐ – INITIAL (FIRST) SUBMISSION ☐ – RESUBMISSION OF CORRECTED SKETCH PLAN/PLAT

TITLE OF SUBMISSION: _____

COUNTY TAX MAP ID NO(S). OF PARCEL(S) DEPICTED: _____

NO. OF COPIES SUBMITTED: _____ NO. OF PAGES PER COPY: _____ SUPPORTING MATERIALS ALSO SUBMITTED: ☐ – YES ☐ – NO

DESCRIPTION OF SUPPORTING MATERIALS: _____

APPLICANT COMMENTS & ADDITIONAL INFORMATION

APPLICANT SIGNATURE

SIGNATURE: _____ DATE: _____

FOR COUNTY USE ONLY

DATE PLAT RECEIVED: _____ RECEIVED BY: _____
Initials:

PLAT FORWARDED TO: ☐ – ZONING & SUBDIVISION OFFICIAL ☐ – COUNTY PLANNER