

SUBMITTAL DATE: _____

PVA MAP NUMBER: _____

DEVELOPMENT PLAN APPLICATION

Identification	Name	Address	City/State/Zip	Phone
Owner				
Applicant				
Fax Number		Email Address:		

Land Use Group	Planning Area #
Zoning District	
Subdivision Name	Address Number and Street Name
Development Plan Name	Engineer / Surveyor
_____ Acreage Under Review _____ Parent Tract / Balance of Property	
List the Permitted Use that will be conducted:	
List the Conditional Use that will be conducted:	
Describe the nature of the development to be conducted. List the types of activities and / or products that will be associated with the development; including but not limited to, hours of business, number of employees, parking spaces, outdoor storage, traffic patterns: _____	

PAYMENT DATE: _____

AMOUNT: _____

PAYMENT TYPE: _____

CERTIFICATION

I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

 Owner Date Contact Date