

## **COUNTY OF BRUNSWICK**

### **DEPARTMENT OF PLANNING**

228 N. Main Street Post Office Box 399 Lawrenceville, VA 23868 PHONE: (434) 848-0882 FAX: (434) 848-8234

### **SUBDIVISION REVIEW APPLICATION**

Complete the following in full.

1.	Subdivision Name:
	Section:
2.	Property Owner:
	Address:
	Phone #:
3.	Developer:
	Address:
	Phone #:
4.	Engineering/Surveyor Firm:
	Address:
	Phone #:
5.	Location of Property:
6.	Tax Map/Parcel #:
7.	Existing Zoning:
8.	Proposed Zoning:
9.	Utilities (Check all that apply)
	Public Water Public Sewer Private Well Private Septic System

Comments:			
Property Ov	vner Signature	 Date	
Applicant Si	ignature	 Date	
	ng information must accompany this appoint in the considered until all applicable in	• •	I incomplete
	Fifteen (15) copies of the preliminary sul a minimum size of 11"x17".	bdivision plat. Copies must b	e on paper
	A copy of preliminary soil work that has to include all sketches, and calculations.	• •	subdivision,
	Statement by the Health Official that the respect to an on-site, Level 2 field instance conduct an on-site, Level 2 inspection, to 5-4-3-3a and Section 5-5-43a, to have a and review such proposed individual we and inspections shall be borne by the definition.	spection. If the Health Office he County reserves the right certified professional soil scient locations, which costs for sections.	cial does not , per Section entist inspect such reviews
	A statement from the Virginia Departrengineer that the subdivider has consulte for entrances and any new roads.		
	If town water or sewage is to be provided certificate may require that certain sparshing or operating town water or several sections.	pecifications be met as a	
	Statement by the subdivider as to whet lies within area of applicability of any oth		
	Outline of deed covenants, if any, pertain	ning to the subdivision.	
	Check payable to the Treasurer, Count \$125.00; over twenty (20) lots \$200.00.	t of Brunswick. Twenty lots	(20) or less

### **CHECK LIST FOR SUBDIVISION APPLICATIONS**

\*\*used to ensure the application is complete at the time of submission\*\*

GENERAL INFORMATION			
	Completed, two-page subdivision application form (including request for review from local government on second page)		
	Subdivision plat		
	Site evaluation and abbreviated design for each lot		
	Certification statement for each lot		

# Commonwealth of Virginia Application for Subdivision Review

(page 1 of 2 to be filled out by the Owner or Agent)

VDH Use Only Health Department ID#	
Due Date	

Owner	Phone
Mailing Address	
	Fax
Developer/Agent	Phone
Mailing Address	
	Fax
AOSE	Phone
Mailing Address	Phone
	Fax
Directions to Property:	
Name of Proposed Subdivision	
Tax MapOther Property Identification	
Number of lots proposed Proposed water source (note: new or	
General size of lots	
Additional description of subdivision	
Overview of soils and geology (optional but encouraged)	
·	
In order for VDH to process a subdivision application you must attach a onsite sewage disposal systems and the reserve absorption areas (if requi lot, if applicable. Each plat or subsection of a subdivision plat shall be a (absorption area and reserve area). If not provided by the local subdivision require the plat to show streets, utilities, storm drainage, water supplies, or by detail survey or other information as required.	ired) and the location of the water supply system on each ecompanied by specific soil information for each lot on ordinance, the district or local health department may
When the OSE site evaluations are reviewed, the property lines, building must be clearly marked and the property sufficiently visible to see the top	
I give permission to the Virginia Department of Health (VDH) to enter of the purpose of processing this application and to perform quality assurant Onsite Soil Evaluator (OSE) or a Professional Engineer (PE) as necessar constructed and approved.	ce checks of evaluations and designs certified by an
Signature of Owner/Agent	Date
This form contains negronal information exhibit to disclosure under the Freedom of I	information Act Paying d 0/25/201/

## Commonwealth of Virginia

### Application for Subdivision Review

(page 2 of 2 to be filled out by the county official requesting a VDH review)

VDH Use Health Department ID#	e Only
Due Date	

County Offic	e initiating request	
Contact Indi	vidual Phon	e
regulations g sewage treat	of the Virginia Department of Health may review subdivision applications for converning sewage treatment and dispersal and private water supplies, compliance ment and dispersal and private water supplies and potentially for compliance with lature of review you are asking the health department to conduct.	with local ordinance governing
1. Review for conformance with the Sewage Handling and Disposal Regulations		
2.	Review for conformance with local onsite wastewater ordinances	
3.	Other (describe below)	
Name and ti	le of requestor	Date

This form contains personal information subject to disclosure under the Freedom of Information Act

Revised 9/25/2014

## **Affidavit of Sign Receipt**

## \*\*To be Completed at Time of Application and Payment Submittal\*\*

l,, c	confirm that
I have received the sign(s) for Subdivision Case #:	
I understand that the sign(s) must be posted per the following regulation:	
Per section 32-1-4 of the Brunswick County Zoning Ordinance you required to post a sign on the subject property to notify the public the zoning change has been requested. More than one (1) sign may required. One (1) sign shall be erected by the applicant so as to be visuand legible to each abutting street. Signs shall be erected by the applicant less than seven (7) days before any public hearing and are to removed within two (2) calendar days after the final public hearing at we the application is being considered.	nat a y be sible icant o be
Applicant Signature: Date:	
Staff Accepting Application: Date:	