



Local Roots, Global Reach

ISLE OF WIGHT COUNTY, VIRGINIA

APPLICATION SUBDIVISION CONSTRUCTION PLANS

This application shall be used to request review and approval for all construction plans. The following application requirements are consistent with the procedures set forth in Sections 3 and 4 of the Isle of Wight County Subdivision Ordinance, as amended.

A. APPLICATION FOR SUBDIVISION CONSTRUCTION PLANS:

Submittal #: First [] Second [] Third [] Other (please specify) _____

B. PROJECT DESCRIPTION:

Project Name: _____

Property Address (if any): _____

Election District: _____

Zoning District: _____

Tax Parcel Identification # _____

Proposed Utilities (check all that apply): Public Water _____ Private Well _____

Public Sewer _____ Private Septic _____

C. APPLICANT INFORMATION:

Applicant(s) Name(s): _____

Address: _____

City, State, Zip Code: _____

Phone No.: _____ Email: _____ Fax No.: _____

Property Owner(s) Name(s): _____

Address: _____

City, State, Zip Code: _____

Phone No.: _____ Email: _____ Fax No.: _____

Applicants/Owners Affidavit (including compliance with all deed restrictions and covenants)

This application must be signed by the owner(s) of the subject property or must have attached written evidence of the owner's consent, which may be in the form of a binding contract of sale with the owner's signature or a letter signed by the owner(s), containing written authorization to act with full authority on the owner(s) behalf in filing this application. Signing this application shall certify the owner's compliance with all deed restrictions and covenants and shall constitute the granting of authority of the County to enter onto the property for the purpose of conducting site analyses in compliance with Federal, State and County regulations.

Applicant: _____
Printed or Typed Name

Applicant: _____ Date: _____
Signature

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight,
Commonwealth of Virginia, this __ day of _____, 20__

Notary Public

My Commission Expires _____

Owner: _____
Printed or Typed Name

Owner: _____ Date: _____
Signature

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight,
Commonwealth of Virginia, this __ day of _____, 20__

Notary Public

My Commission Expires _____

Owner: _____
Printed or Typed Name

Owner: _____ Date: _____
Signature

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight,
Commonwealth of Virginia, this __ day of _____, 20__

Notary Public

My Commission Expires _____

Owner: _____
Printed or Typed Name

Owner: _____ Date: _____
Signature

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight,
Commonwealth of Virginia, this __ day of _____, 20__

Notary Public

My Commission Expires _____

NOTICE: THE ATTACHED SUBMITTAL CHECKLIST MUST BE COMPLETED, CERTIFIED, AND SUBMITTED OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE.

Remit Application to: Central Permitting
Isle of Wight County
17140 Monument Circle, Suite 100
P. O. Box 80
Isle of Wight, Virginia 23397

FOR OFFICE USE ONLY:

Complete Application Received On: _____ Fees Paid: _____
Tax Query: Current Delinquent Distribution Date: _____
Posted/Date to Post: _____

AGENCY REFERRALS:

- | | |
|--|--|
| <input type="checkbox"/> Budget & Finance | <input type="checkbox"/> Inspections |
| <input type="checkbox"/> Commissioner of Revenue | <input type="checkbox"/> Isle of Wight County Museum (Hist. Resources) |
| <input type="checkbox"/> County Attorney | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Department of Environmental Quality | <input type="checkbox"/> Sheriff's Office |
| <input type="checkbox"/> Department of Historic Resources | <input type="checkbox"/> Town of Smithfield |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Town of Windsor |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Transportation Manager |
| <input type="checkbox"/> Environmental Planner | <input type="checkbox"/> Utility Services (SWM/Utilities) |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> VDOT |

Verified By: _____ Date: _____



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ISLE OF WIGHT COUNTY, VIRGINIA

DIVISION OF PLANNING AND ZONING

SUBMITTAL CHECKLIST FOR SUBDIVISION CONSTRUCTION PLAN APPLICATIONS

In accordance with the Subdivision Ordinance of Isle of Wight County, Virginia, as amended, the information listed below shall be submitted for subdivision construction plan applications. Please note that it is the applicant's responsibility to ensure that the application complies with all Federal, State and County regulations. A pre-application conference is encouraged for all subdivision applications and may be required (see section 3.2.1.B).

No application for approval of subdivision construction plans shall be accepted and certified as complete unless the following information is provided. If the required number of copies has been reduced by the Subdivision Agent, the permitted number of copies must be documented in writing and provided with the application.

- One (1) copy and one (1) original executed application. Both the applicant(s) and the property owner(s) must have their signature(s) notarized on page No. 2 of the application.
- Twelve (12) FOLDED paper copies of the construction plans drawn to scale. The total number of construction plans may be reduced with Subdivision Agent approval per instructions above.
- Eight (8) paper copies of the design narrative and calculations.
- One (1) copy of a completed construction plan preparation requirement checklist.
- One (1) digital copy of the plans and supporting materials.
- Appropriate fees must be submitted with this application. Checks should be made payable to: Treasurer, Isle of Wight County.
- All real estate taxes must be paid and current at the time of submittal. Proof of the most recent tax payment to the County must accompany the application.

I, the undersigned, certify that this application is complete, accurate and contains all required and requested information, documents and other submittals, and that all statements made herein are, to the best of my knowledge, true and correct. I further certify that I have exercised due diligence to obtain the most recent, complete and correct information available. I understand that any section not completed in its entirety may delay processing of this application.

Signature

Date