TOWN OF MIDDLEBURG
10 West Marshall Street, PO Box 187
Middleburg, Virginia 20118-0187
540-687-5152 FAX 540-687-3804

Application # SP _____

SITE PLAN APPLICATION

Type of Application: ☐ Concept Plan ☐ Site Plan ☐ Modification ☐ Extension ☐ Waiver

Project Name: _____

Site Address: _____ Parcel #: _____

Zoning District: _____ In Historic District?: ☐ Yes ☐ No Size of Parcel: _____

Conditions Applicable to Property (attach): ☐ Special Use Permit # _____ ☐ Proffers - RZ # _____

Proposed Use: _____ Proposed Floor Area: _____

Proposed Max. Building Height: _____ If applicable, # of Dwellings: _____

Access to Site: ☐ Public Street _____ VDOT Entry Permit? ☐ Yes (attach)

☐ Private Street_____ Public Access Easement? ☐ Yes (attach)

This project will require (check all that apply):

☐ Water Tap(s) (# : ___) ☐ Sewer Tap(s) (# : ___) | ☐ Private Well(s) (# : ___) ☐ Drainfield(s) (# : ___)

Extension of: ☐ public water system ☐ public sewer system | Community: ☐ well ☐ wastewater system

For Waivers: ☐ Attach justification narrative

For Modifications or Extensions: Approved SP#: _____ ☐ Attach summary of proposed modifications, or ☐ Attach length of (and justification for) extension requested

Applicant Name: _____ Phone #: _____

Mailing Address: _____ email: _____

_____

Prop. Owner Name: _____ Phone #: _____

Mailing Address: _____ email: _____

_____

ACKNOWKLEDGEMENT OF APPLICATION

This application certifies that all affected owners (1) acknowledge their agreement to file this application and (2) authorize Town representatives and/or its assigns entry to the affected properties without prior notice for the purpose of evaluating the application. The applicant acknowledges responsibility for all applicable fees per the Town's adopted fee schedule, which may include a base fee due at the time of application and additional review fees to be billed later.

Owner Signature: _____ Printed Name: _____

Applicant Signature: _____ Printed Name: _____

OFFICE USE ONLY

Date Filed: _____ Fee amount: _____ Date Paid: _____ Permit #: SP _____

❑ Referral Agency Approvals attached If applicable, ❑ COA Date: _____ ❑ SUP Date: _____

Planning Commission Action: ❑ Approval ❑ Conditional Approval ❑ Denial Date: _____

Date Final Site Plan signed: _____