



**TOWN OF MIDDLEBURG
SITE PLAN APPLICATION**

10 West Marshall Street, P.O. Box 187
Middleburg, VA 201118
(540) 687-5152 FAX (540) 687-3804



Application # SP _____

Application: Concept Plan Site Plan Modification Extension Exception

Project Name: _____

Site Address: _____ Parcel #: _____

Applicant: _____ Phone: _____ FAX: _____

Address: _____

Owner: _____ Phone: _____ FAX: _____

Address: _____

Size of Parcel: _____ Existing Zoning: _____ Historic Dist.? _____

Conditions Applicable to Property (Attach Copy): Special Use Permit # _____

Proffers - ZMAP #: _____

Proposed Use: _____ Proposed Floor Area: _____

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

Access to Site: Public St.: _____ VDOT entry permit: Yes (Attach)

Private St.: _____ Public access easement: Yes (Attach)

Utilities: This project will require (check all that apply):

Water tap(s) (#:____) Sewer tap(s) (#:____) Private well(s) Drainfield(s)

Extension of public water system Extension of public sewer system

For Modifications or Extensions: Approved SP#: _____ Summary of Modifications or Length of Extension Requested: _____

Status of Project Bonding: _____

For Exceptions: Attach Justification for Exception Request.

Applicant's Signature Date: _____

Owner's Signature Date: _____

OFFICE USE ONLY

Complete Application Received: _____ Fee Amount: _____ Date Paid: _____

Council Approvals: COA: _____ Special Use: _____ Pub. Facilities: _____ Bond: _____

Commission/Council Action: Date: _____ Approval Conditional Approval Denial

Conditions of Approval: _____

Reasons for Denial: _____