



Westmoreland County, Virginia

Land Use Administration

P. O. Box 1000
Montross, VA 22520
Phone 804-493-0120 FAX 804-493-0604

Building Official
Zoning Official
Planning Commission
Board of Zoning Appeals
Board of Building Appeals
Wetlands Board

SUBDIVISION CODE WAIVER REQUEST
TO THE PLANNING COMMISSION

(Last amended September 5, 2017)

Case No: _____ Date Received: _____

Fee \$600: _____ Check #: _____ (submit with application-nonrefundable)
The fee for deferral shall be 50% of the original fee. Make checks payable to 'Treasurer of Westmoreland County.'

Assigned Date for: Planning Commission: _____

Pursuant to Subdivision Ordinance section 2-8, the undersigned owner(s) of the following described property hereby desires a waiver from the subdivision regulations as described below:

Project/Subdivision Name: _____

Tax Map Identification: _____ Project Location: _____

Acreage: _____ # Lots _____ Zoning District: _____ Magisterial District: _____

Owner(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Phone #: _____

Email Address: _____

Agent (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Phone #: _____

Email Address: _____

I/We desire relief from the subdivision regulations with respect to Article _____, Section _____, Subsection _____ and being further described as: _____

SUBMITTAL DOCUMENTS

1. Six (6) copies of all documents.
2. Conceptual plan showing the proposed layout of the subdivision and any necessary improvements, drawn by a licensed professional (not necessarily sealed).
3. Boundary survey or legal description showing accurate dimensions of the existing parcel(s) and all applicable easements.
4. Documentation showing the soil evaluation and drainfield sites for all proposed lots of less than 10 acres, unless the lots are to be served by public sewer.
5. Construction drawings of all improvements proposed, if applicable.
6. A complete list of any and all proffers or other conditions that may be attached to the property through a rezoning or special exception approval, in their entirety, if applicable.
7. Other documentation that you feel important for your case.
8. A pre-application meeting with staff is recommended. Call 804-493-0120 to schedule a date and time.

I/we hereby grant permission for staff and Commission members to go upon the above property. I/we certify that the information presented on this application is true and correct to the best of my/our knowledge. I/We further understand that upon review of the documents submitted, should it be determined that they do not meet the requirements, the application shall not be forwarded to the Commission until the issue(s) are resolved.

Owner Signature: _____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____

Agent Signature: _____ Date: _____

Applicant Signature: _____ Date: _____