



TOWN OF FRONT ROYAL

DEPARTMENT OF PLANNING & ZONING
102 EAST MAIN STREET
P.O. BOX 1560
FRONT ROYAL, VA 22630

Main: 540.635.4236

Fax: 540.631.2727

Internet: www.frontroyalva.com

APPLICATION FOR PRELIMINARY PLAN APPROVAL (involving new streets, utilities or more than 8 lots) MAJOR SUBDIVISIONS

The undersigned hereby applies for review by the Town of Front Royal Planning Commission of the Preliminary Major Subdivision Plat submitted herewith:

1. Applicant's Name _____ Phone _____
Address _____
2. Present Owner (if other than applicant) _____
Address _____ Phone _____
3. Interest of applicant if other than owner _____

4. Name and profession of person designing preliminary plat _____

Address _____ Phone _____
5. Location of subdivision _____

6. Total acreage _____ Zoning Classification _____
No. of Lots _____ Tax Map Number _____
7. Acreage of adjoining land in same ownership (if any) _____
8. Development Plans:
(A) Proposed number of dwellings. _____
(B) Length of new public roads. _____
(C) Amount of open space. _____

PLEASE COMPLETE REVERSE SIDE

9. Deed restrictions that apply or are contemplated. (If no restrictions, state "none", if "Yes" attach copy) _____
10. Date of Sketch Plat Approval _____(Optional)
11. Attach: (A) Two Full Size Copies of Preliminary Plat
(B) Digital Copy of Preliminary Plat
(C) One 11 x 17 Copy of Preliminary Plat
(D) Additional documents required by Section 148-310.C of the Subdivision and Land Development Ordinance.

I hereby state that all of the above information and the statements contained herein submitted with this application are true.

Date

Signature of Applicant

Designated contact for applicant: _____

By submitting this application, the applicant grants permission to Town officials and employees to enter upon the property, which is the subject of this application, during reasonable hours and for purposes related to the application process.

Fee _____ * Date Paid _____

*Preliminary Plat fee is \$500 per plat and \$25 per lot.

1. Action of the Town Planning Commission

Date _____ Approved _____ Disapproved _____

2. Notification of approval/disapproval sent to:

Town Council _____ Date _____

Applicant _____ Date _____

3. Amount of performance bond required for approval of final plat \$ _____

Comments:

