



PORT ROYAL TOWN HALL

419 KING STREET #29; POST OFFICE BOX 29
PORT ROYAL, VA 22535
804-742-5331
WWW.THETOWNOFFORTROYAL.COM

DATE SUBMITTED: _____

CASE NUMBER: _____

***NOTE: AN APPLICATION SHALL NOT BE DEEMED OFFICIALLY FILED UNTIL ALL REQUIRED PLANS, PLATS, FEES AND SUPPORTING DOCUMENTATION ARE SUBMITTED.**

1. TYPE OF REQUEST

REZONING: FROM _____ TO _____

PROFFER AMENDMENT _____
(REZONING CASE #)

SPECIAL EXCEPTION: _____
(ORDINANCE SECTION)

SITE PLAN: _____ MAJOR _____ MINOR

VARIANCE: _____

ADMINISTRATIVE APPEAL _____

COMP. PLAN AMENDMENT _____

OTHER _____

SUBDIVISION (MAJOR)

_____ PRELIMINARY _____ FINAL

_____ CONCEPT

SUBDIVISION (OTHER)

_____ MINOR _____ BLA/VACATION

_____ FAMILY

2. PROPERTY INFORMATION

TAX MAP NUMBER _____

CURRENT ZONING _____

ACREAGE OF REQUEST _____

TOTAL ACREAGE _____

PHYSICAL ADDRESS/LOCATION _____

VOTING DISTRICT _____

UTILITIES: _____ PUBLIC _____ PRIVATE _____ EXISTING _____ NEW

3. APPLICANT / OWNER INFORMATION

OWNER OF RECORD:

NAME

MAILING ADDRESS

MAILING ADDRESS

PHONE NUMBER

E-MAIL

APPLICANT:

NAME

MAILING ADDRESS

MAILING ADDRESS

PHONE NUMBER

E-MAIL

AGENT/DEVELOPER/ENGINEER:

NAME

MAILING ADDRESS

MAILING ADDRESS

PHONE NUMBER

E-MAIL

MAIN POINT OF CONTACT:

NAME

MAILING ADDRESS

MAILING ADDRESS

PHONE NUMBER

E-MAIL

4. I/WE READ THIS COMPLETED APPLICATION, UNDERSTAND ITS INTENT AND FREELY CONSENT TO ITS FILING. THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. I UNDERSTAND THAT THE TOWN MAY APPROVE, CONDITIONALLY APPROVE, OR DENY THE REQUEST FOR WHICH I AM APPLYING. FURTHERMORE, I GRANT PERMISSION TO THE TOWN OF PORT ROYAL AND OTHER AUTHORIZED GOVERNMENT AGENTS TO ENTER THE PROPERTY AND MAKE SUCH INVESTIGATIONS AS THEY DEEM NECESSARY TO EVALUATE THE REQUEST.

_____ OR _____
 OWNER SIGNATURE AGENT/APPLICANT SIGNATURE

_____ _____
 OWNER'S NAME AGENT/APPLICANT NAME

_____ _____
 DATE DATE

5. FEE SCHEDULE

REZONING	_____	+	(_____ X _____)	=	_____
	BASE FEE		ACREAGE \$/ACRE		TOTAL
PROFFER AMENDMENT	_____	+	(_____ X _____)	=	_____
	BASE FEE		NO. OF REQUESTS \$/REQUEST		TOTAL
SPECIAL EXCEPTION	_____	+	(_____ X _____)	=	_____
	BASE FEE		ACREAGE \$/ACRE		TOTAL
SITE PLAN: MAJOR	_____	+	(_____ X _____)	=	_____
	BASE FEE		ACREAGE \$/ACRE		TOTAL
SITE PLAN: MINOR	_____	X	_____	=	_____
	BASE FEE		NUMBER OF REQUESTS		TOTAL
COMP PLAN AMENDMENT	_____	X	_____	=	_____
	BASE FEE		NUMBER OF REQUESTS		TOTAL
VARIANCE/ADM. APPEAL	_____	X	_____	=	_____
	BASE FEE		NUMBER OF REQUESTS		TOTAL
SUBDIVISION: MINOR			\$250 - MINOR \$200 - BLA \$100 - VACATION	=	_____
TYPE: _____			\$200 + \$50 PER NEW LOT - FAMILY		TOTAL
SUBDIVISION: MAJOR	_____	+	(_____ X _____)	=	_____
	BASE FEE		NUMBER OF LOTS \$/LOT		TOTAL
CONCEPT PLAN	_____	X	_____	=	_____
	BASE FEE		NUMBER OF REQUESTS		TOTAL
OTHER	_____	X	_____	=	_____
					TOTAL

CHECK # _____ CASH CHARGE RECEIPT # _____

REVIEW BY / COMMENTS: _____

