TOWN OF BLACKSBURG

SUBDIVISION PLAT REVIEW APPLICATION

This application and accompanying information must be submitted in full before the
subdivision request can be reviewed by staff or referred to the Planning Commission for
consideration. Please contact the Planning and Building Department at (540) 961-1126
for application deadline and questions.

Subdivision Name: ____________________________________________

a. Location: ____________________________________________
b. Size of Site: ____________________________________________
c. Number of Lots: ________________________________________

Name of Property Owner(s): ________________________________

Address of Owner: ___________________________ Phone: __________
Fax: ___________________________

Applicant: ___________________________ Phone: __________
(to whom comments will be sent) Fax: __________

Project Engineer (if different from applicant): ___________________________

Zoning District of Site: ________________________________________

Request Review of:

• Concept Plan
  ▪ 2 blue line copies of plat ______
  ▪ No fee required ______

• Preliminary Plat
  ▪ Minor Subdivision (1-5 lots)
    ▪ 5 blue line copies of plat ______
  ▪ Review fee
    ▪ $500.00 ______
  ▪ Lot Line Adjustment or Easement Plat
    ▪ Review Fee $300.00 ______
  ▪ Major Subdivision (6+ lots)
    ▪ 36 blue line copies of plat ______
  ▪ Review fee
    ▪ Preliminary Plat Fee $1000.00 ______
  ▪ Final Plat ______
• 4 blue line copies
• Review Fee $500.00
• Name and address for adjacent property owners and properties across the street
• First class postage costs for mailing notices

The application review fee includes two reviews of the submitted application. All reviews required after two will be subject to a $150.00 review fee to be paid at the time of submission.

SIGNATURE OF APPLICANT: 

DATE: 

For official Use Only:

Accepted ___________ Rejected ___________ Date ______________
(The agent must accept or reject application within 15 days)
Reason for rejection

_________________________________________________________

_________________________________________________________