

**Site Plan Development Application**

Community Development | Development Services  
 5 West Main Street, Suite 100, Fincastle, VA 24090  
 P. 540.928.2070  
 E. devservices@botetourtva.gov



|   |                       |
|---|-----------------------|
| <b>Check Appropriate Box</b>  | Project Number: _____ |
| <input type="checkbox"/> 1st Submittal <input type="checkbox"/> 2nd Submittal <input type="checkbox"/> ____ Submittal |                       |

|                            |                                   |                 |
|----------------------------|-----------------------------------|-----------------|
| <b>SITE INFORMATION</b>    | Development / Project Name: _____ |                 |
|                            | #1 Site Address: _____            | Tax Map#: _____ |
|                            | Owner(s): _____                   |                 |
|                            | Zoning: _____                     |                 |
|                            | District: _____                   |                 |
|                            | Mailing Address: _____            | Phone: _____    |
| City / State / Zip: _____  |                                   |                 |
| E-mail: _____              |                                   |                 |
| Project Description: _____ |                                   |                 |

**SEE BACK IF ADDITIONAL SITE ADDRESSES ARE INVOLVED** →

|                              |   |                |               |
|------------------------------|---|----------------|---------------|
| <b>APPLICANT INFORMATION</b> | Applicant Name (if other than owner): _____ |                | Phone: _____  |
|                              | Applicant Address: _____                    | Company: _____ |               |
|                              | City / State / Zip: _____                   |                | E-mail: _____ |

|                                       |  |   |                                |
|---------------------------------------|--|---|--------------------------------|
| <b>SUBMITTED DOCUMENTS &amp; FEES</b> | <input type="checkbox"/> Planning & Zoning Review Fees   | <input type="checkbox"/> Narrative                | <input type="checkbox"/> _____ |
|                                       | <input type="checkbox"/> Land Disturbance Review Fees    | <input type="checkbox"/> ESC/Stormwater Checklist | <input type="checkbox"/> _____ |
|                                       | <input type="checkbox"/> (3) Full Size Sets of Plans     | <input type="checkbox"/> Digital Plan Set         | <input type="checkbox"/> _____ |
|                                       | <input type="checkbox"/> E&S and Stormwater Calculations | <input type="checkbox"/> _____                    | <input type="checkbox"/> _____ |

|                                |                             |
|--------------------------------|-----------------------------|
| <b>DEVELOPMENT INFORMATION</b> | Proposed Use: _____         |
|                                | Number of Lots: _____       |
|                                | Deeded Area: _____          |
|                                | Total Disturbed Area: _____ |

|                                     |  |
|-------------------------------------|--|
| <b>LAND DISTURBANCE REVIEW FEES</b> | <input type="checkbox"/> Cash          |
|                                     | <input type="checkbox"/> Check # _____ |
|                                     | <input type="checkbox"/> Credit Card   |
| <b>AMOUNT DUE</b>                   |  |
| _____                               |  |

|  |  |
|--|--|
| <b>PLANNING &amp; ZONING REVIEW FEES</b> | <input type="checkbox"/> Cash          |
|  | <input type="checkbox"/> Check # _____ |
|  | <input type="checkbox"/> Credit Card   |
| <b>AMOUNT DUE</b>                        |  |
| _____                                    |  |

|  |  |
|--|--|
| <b>UTILITY SERVICES</b>                      | <u>Water Provider</u>                                |
|  | <input type="checkbox"/> Western Va. Water Authority |
|  | <input type="checkbox"/> Health Dept. Well           |
|  | <input type="checkbox"/> Private Co. _____           |
|  | <u>Sewer Provider</u>                                |
|  | <input type="checkbox"/> Western Va. Water Authority |
| <input type="checkbox"/> Health Dept. Septic |  |
| <input type="checkbox"/> Private Co. _____   |  |
| <u>Power Company</u>                         |  |
| AEP  |  |
| Dominion                                     |  |
| Craig-Botetourt                              |  |

|  |               |
|--|---------------|
| <b>OWNER / AGENT AGREEMENT</b>   |               |
| <p><i>It is understood that submission of inaccurate or incomplete information may delay final approval of the comprehensive development plans.</i></p> <p><i>I do hereby certify that I fully understand the provisions of all Botetourt County ordinances, policies and programs as they relate to the above referenced project. I further grant the right-of-entry to this project, as described above, to the designated personnel for the purpose of inspecting and monitoring for compliance with the aforesaid ordinances, policies and programs.</i></p> |               |
| _____<br>OWNER OR AGENT SIGNATURE  | _____<br>DATE |

**SITE INFORMATION  
CONTINUED**

|                     |           |         |
|---------------------|-----------|---------|
| #2 Site Address:    | Tax Map#: | Zoning: |
| Owner(s):           | District: |         |
| Mailing Address:    | Phone:    |         |
| City / State / Zip: | E-mail:   |         |
| #3 Site Address:    | Tax Map#: | Zoning: |
| Owner(s):           | District: |         |
| Mailing Address:    | Phone:    |         |
| City / State / Zip: | E-mail:   |         |
| #4 Site Address:    | Tax Map#: | Zoning: |
| Owner(s):           | District: |         |
| Mailing Address:    | Phone:    |         |
| City / State / Zip: | E-mail:   |         |