



AGRICULTURAL DIVISIONS, CONSERVATION DIVISIONS AND RESUBDIVISIONS APPLICATION

CHESAPEAKE PLANNING DEPARTMENT

APPLICATION NUMBER: _____
(Assigned by Chesapeake Planning Department)

GENERAL INFORMATION

1. Name of Subdivision: _____
2. Applicant(s): _____
 Address: _____

 Daytime Phone: _____ FAX Number: _____
 E-mail address: _____
 Interest in subject property: _____

2. Agent(s): _____
 Agency: _____
 Address: _____

 Daytime Phone: _____ FAX Number: _____
 E-mail address: _____
3. Owner(s) of property: (If different from applicant)
 Name: _____
 Address: _____

 Daytime Phone: _____ FAX Number: _____

ACKNOWLEDGEMENT

APPLICATION NUMBER: _____

PRIMARY TAX MAP NUMBER: _____

DECLARATION OF PLANNING COMMISSION / CITY COUNCIL INTEREST:

Does any member of the Planning Commission or City Council own or have any personal or financial interest in the land which is subject to this application, or has any personal or financial interest in the outcome of the decisions, as defined by the Virginia Conflict of Interest Act? No Yes If yes, please explain:

DECLARATION OF ACCURACY:

I, the undersigned, certify that this application is complete, accurate and contains all required and requested information, documents and other submittals, and that all statements made herein are, to the best of my knowledge, true and correct. I further certify that I have exercised due diligence to obtain the most recent, complete and correct information available. I understand that wrongful certification or failure to provide required or requested documents that become available after the initial submittal of this application may result in a delay in, or invalidation of, any official governmental action taken. Fraudulent representations may lead to additional penalties under law.

I also certify that the list of adjacent property owners, if required, is complete and correct as of the date of this application submittal. I will update any changes in ownership of the property that is the subject of this application and adjacent property owners upon learning that any such property has been conveyed prior to final action on this application. I understand that if the list of adjacent property owners is determined to be inaccurate, out-of-date or incomplete at a later date, any action taken on this application may be deemed null and void.

ACKNOWLEDGEMENT (Continued)

DECLARATION OF CONSENT:

By signing below, the applicant, agent and owner consents to entry upon the subject property by public officers, employees, and agents of the City of Chesapeake wishing to view the site for purposes of processing, evaluating or deciding this application.

Applicant Name: (signature) _____

Name: (printed or typed) _____

Address: _____

Phone: _____

Date: _____

Property Owner Name: (signature) _____

Name: (printed or typed) _____

Address: _____

Phone: _____

Date: _____

Agent Name: (signature) _____

Name: (printed or typed) _____

Address: _____

Phone: _____

Date: _____

DESCRIPTION OF PROPERTY

1. 13-digit Tax Map Number(s): _____,
_____,
_____.

2. Street Address or common description if no street address is available:

3. Brief legal description, including Deed Book and Map Book references:

4. Borough: _____

5. Planning Area: _____

6. Lot Frontage (ft.): _____

7. Lot Depth (ft.): _____

8. Overall Lot Area (sq. ft. of acres): _____

9. Zoning Classification(s) and acreage of each Zoning Classification:

10. Overlay District, where applicable: _____

12. Is the property subject to proffers approved with a conditional rezoning application?
 No Yes Application # _____

**AGRICULTURAL DIVISIONS, CONSERVATION DIVISIONS &
RESUBDIVISIONS APPLICATION CHECKLIST**

- This original application with an original signature.
- Five (5) copies of the subdivision plan.
- Filing Fee of \$60.00. Make check payable to: CITY OF CHESAPEAKE
- This completed checklist.