



County of Brunswick

OFFICE OF THE PLANNING DIRECTOR

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COUNTY OF BRUNSWICK
DEPARTMENT OF PLANNING

SUBDIVISION REVIEW APPLICATION

Complete the following information in full.

1. Subdivision Name: _____
Section: _____
2. Property Owner: _____
Address: _____

Phone #: _____
3. Developer: _____
Address: _____

Phone #: _____
4. Engineering/Surveyor Firm: _____
Address: _____

Phone #: _____
5. Location of Property: _____

6. Tax Map Parcel #: _____

7. Existing Zoning: _____

8. Proposed Zoning: _____

9. Utilities (Check all that apply)

Public Water _____

Public Sewer _____

Private Well _____

Private Septic System _____

Comments: _____

Property Owner Signature

Date

Applicant Signature

Date

The following information must accompany this application as applicable. All incomplete applications will not be considered until all applicable information is provided.

_____ Fifteen (15) copies of the preliminary subdivision plat. Copies must be on paper a minimum size of 11" x 17".

_____ A copy of preliminary soil work that has been done for the proposed subdivision, to include all sketches, and calculations.

_____ Statement by the Health Official that the subdivider has consulted with him with respect to an on-site, Level 2 field inspection. If the Health Official does not conduct an on-site, Level 2 inspection, the County reserves the right per Section 5-4-3-3a and Section 5-5-4-3a, to have a certified professional soil scientist inspect and review such proposed individual well locations, which

costs for such reviews and inspections shall be borne by the developer of the proposed subdivision.

_____ A statement from the Virginia Department of Transportation (VDOT) highway engineer that the subdivider has consulted with him as to the plans, specifications, for entrances and any new roads.

_____ If town water or sewage is to be provided, a certificate from the town officer. Said certificate may require that certain specifications be met as a condition to furnishing or operating town water or sewage.

_____ Statement by the subdivider as to whether any part of the proposed subdivision lies within area of applicability of any other effective subdivision ordinance.

_____ Outline of deed covenants, if any, pertaining to the subdivision.

_____ Check payable to the county treasurer. Twenty lots (20) or less \$125.00; over twenty (20) lots \$200.00

CHECK LIST FOR SUBDIVISION APPLICATIONS

****used to ensure the application is complete at the time of submission****

GENERAL INFORMATION:

- Completed, two-page subdivision application form (including request for review from local government on second page)
- Subdivision plat
- Site evaluation and abbreviated design for each lot
- Certification statement for each lot

Commonwealth of Virginia

Application for Subdivision Review

(page 1 of 2 to be filled out by the Owner or Agent)

VDH Use Only
Health Department ID# _____
Due Date _____

Owner _____

Phone _____

Mailing Address _____

Phone _____

Fax _____

Developer/Agent _____

Phone _____

Mailing Address _____

Phone _____

Fax _____

AOSE _____

Phone _____

Mailing Address _____

Phone _____

Fax _____

Directions to Property: _____

Name of Proposed Subdivision _____

Tax Map _____ Other Property Identification _____ Dimension/Acreage of Property _____

Number of lots proposed _____ Proposed water source (note: new or existing, public or individual) _____

General size of lots _____ (give range if appropriate)

Additional description of subdivision _____

Overview of soils and geology (optional but encouraged) _____

In order for VDH to process a subdivision application you must attach a plat of the property showing the location of the proposed onsite sewage disposal systems and the reserve absorption areas (if required) and the location of the water supply system on each lot, if applicable. Each plat or subsection of a subdivision plat shall be accompanied by specific soil information for each lot (absorption area and reserve area). If not provided by the local subdivision ordinance, the district or local health department may require the plat to show streets, utilities, storm drainage, water supplies, easements, lot lines and original topographic contour lines by detail survey or other information as required.

When the AOSE site evaluations are reviewed, the property lines, building location and the proposed well and sewage system sites must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by an Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

Signature of Owner/Agent

Date

