



TOWN OF OCCOQUAN

314 Mill Street, PO Box 195
 Occoquan, Virginia 22125
 (703) 491-1918 | (571) 398-5016 – FAX
www.occoquanva.gov | info@occoquanva.gov

| |
|------------------------|
| Application No. |
| SP _____ |

SITE PLAN APPLICATION

SECTION 1: PROJECT INFORMATION

| | | | | | |
|--|---|---|--|---|---|
| Application Type: | <input type="checkbox"/> Preliminary Site Plan | <input type="checkbox"/> Final Site Plan | <input type="checkbox"/> Revision | <input type="checkbox"/> Extension | |
| Project Name: | | | | | |
| Site Address: | | | Parcel #: | | |
| Size of Parcel: | Existing Zoning: | | Historic District: Y/N | | |
| Conditions Applicable to Property (Attach Copy) | | | Proposed Use: | | |
| Special Use Permit # _____ | | | Proffers – REZ # _____ | | |
| Proposed Max. Building Height: _____ FT | | | Proposed Floor Area: _____ SF | | |
| Access to Site: | Public Street: | | Private Street: | | |
| No. of Dwellings: <input type="checkbox"/> _____ OR <input type="checkbox"/> N/A | VDOT Entry Permit: <input type="checkbox"/> Yes (Attach) | | Public Access Easement: <input type="checkbox"/> Yes (Attach) | | |
| Utilities This project will require (check all that apply): | <input type="checkbox"/> Water tap(s) (#: _____) | <input type="checkbox"/> Sewer tap(s) (#: _____) | <input type="checkbox"/> Private well(s) | <input type="checkbox"/> Extension of public water system | <input type="checkbox"/> Extension of public sewer system |

SECTION 2: OWNER INFORMATION

| | |
|--------------|------------------|
| Owner Name: | Mailing Address: |
| Email: | |
| Phone (Day): | Phone (Evening): |

SECTION 3: APPLICANT INFORMATION

| | |
|--|------------------|
| <input type="checkbox"/> Same as Owner Information (Section 2) | |
| Applicant Name: | Mailing Address: |
| Email: | |
| Phone (Day): | Phone (Evening): |

SECTION 4: OTHER INFORMATION AND SIGNATURES

| | | |
|----------------------------------|---|---|
| For modifications or Extensions: | <input type="checkbox"/> Approved SP# _____ | <input type="checkbox"/> Summary of Modifications or Length of Extension Attached |
|----------------------------------|---|---|

Status of Project Bonding:

| | |
|-----------------------------|-------------|
| _____ | _____ |
| Authorized Signature | Date |

FOR TOWN USE ONLY

| | | | | | |
|----------------|-------------------------------|---------------------------------------|---|---|---------------------------------|
| Received Date: | Received By: | Fee Amount: | Date Paid: | Check No./Receipt No.: | |
| TC Approvals | <input type="checkbox"/> COA: | <input type="checkbox"/> Special Use: | <input type="checkbox"/> Public Facilities: | <input type="checkbox"/> Bond: | |
| Actions | Planning | Date: | <input type="checkbox"/> Approval | <input type="checkbox"/> Conditional Approval | <input type="checkbox"/> Denial |
| | Council | Date: | <input type="checkbox"/> Approval | <input type="checkbox"/> Conditional Approval | <input type="checkbox"/> Denial |

Conditions of Approval:

Reasons for Denial: