



TOWN OF OCCOQUAN

314 Mill Street | PO Box 195
Occoquan, Virginia 22125
(703) 491-1918 | info@occoquanva.gov
SUBDIVISION APPLICATION

Subdivision Application # : SD _____

Application: Preliminary Sketch Preliminary Plat Final Plat Revision Extension

Subdivision Name: _____

Site Address: _____ **Parcel #:** _____

Applicant: _____ **Email:** _____

Mailing Address: _____ **Phone:** _____

Owner: _____ **Email:** _____

Mailing Address: _____ **Phone:** _____

Size of Parcel: _____ S.F. **Existing Zoning:** _____ **Historic Dist.?** N/Y

Conditions Applicable to Property: _____ (Attach Copy):

Special Use Permit # _____ **Proffers - REZ #:** _____ **Proposed Use:** _____

Proposed # Lots: _____ **Access to Site:** _____ **Public St.:** N/Y **VDOT entry permit:** Yes (Attach Copy)

Private St: N/Y **Public access easement:** Yes (Attach Copy)

Utilities: This project will require (Circle all that apply):

Water tap(s) Sewer tap(s) Private well(s) N/Y Drainfield(s) N/Y

Extension of public water system Extension of public sewer system

For Exceptions: _____ **Approved SD#:** _____

Justification for Proposed Exception: _____

Justification for Modifications or Extensions: _____

Approved SD#: _____

Summary of Modifications or Length of Extension Requested: _____

Application must be signed by owner or a power of attorney must accompany all forms.

Applicant:

Owner:

Print Name

Print Name

Signature

Signature

Date

Date

Status of Project Bonding: _____

Applicant's Signature: _____ **Date:** _____

Owner's Signature: _____ **Date:** _____

SUBDIVISION APPLICATION FORM CERTIFICATION

I hereby acknowledge that failure to record the approved plat within six months of the date of approval will make the plat null and void. Furthermore, monuments, as required by the Occoquan Subdivision Ordinance shall be set by the Subdivider and inspected and approved by the Town's Subdivision Agent.

Property Owner: _____ Date: _____

OFFICE USE ONLY

Complete Application Rcvd: _____ Fee Amount: _____ Date Paid: _____ Rcpt/Check # _____

Approvals: Health Dept.: _____ VDOT: _____ Utilities: _____ Bond: _____

Conditions of Approval: _____

Reasons for Denial: _____