



Department of Plan Review
 25 West Market Street, Leesburg VA 20176
 Phone: 703-771-2772 Fax: 703-771-2724
www.leesburgva.gov

LAND DEVELOPMENT APPLICATION

NOTE: All fields shall be completed and the appropriate checklist must be attached for consideration of a complete application submission.

Application No. _____ - _____ - _____
(staff to assign)

TYPE OF APPLICATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Boundary Line Adjustment | <input type="checkbox"/> Final Subdivision Plat | <input type="checkbox"/> Preliminary Subdivision Plat |
| <input type="checkbox"/> Boundary Line Vacation | <input type="checkbox"/> Floodplain Alteration | <input type="checkbox"/> Proffer Amendment |
| <input type="checkbox"/> Capital Improvement | <input type="checkbox"/> Floodplain Study | <input type="checkbox"/> Public Improvements |
| <input type="checkbox"/> Concept Development | <input type="checkbox"/> Minor Modification to Approved Plan | <input type="checkbox"/> Right of Way Dedication |
| <input type="checkbox"/> Construction Drawings | <input type="checkbox"/> Mini Site Plan | <input type="checkbox"/> Rough Grading Plan |
| <input type="checkbox"/> Correction Plat | <input type="checkbox"/> Minor Site Plan | <input type="checkbox"/> Traffic Signal Plan |
| <input type="checkbox"/> DCSM Modification | <input type="checkbox"/> Minor Subdivision Plat | <input type="checkbox"/> Traffic Study |
| <input type="checkbox"/> Easement Plat | <input type="checkbox"/> Plat of Vacation | |
| <input type="checkbox"/> Final Site Plan | <input type="checkbox"/> Site Plan Waiver | |

PROPERTY INFORMATION

| | |
|----------------------------------|-------------------|
| Project Name: (if applicable) | Subdivision Name: |
| Address: (if applicable) | Phase / Section: |
| | Lot Numbers: |

PROJECT DESCRIPTION

Description of Proposed Project:

EXISTING CONDITIONS/ MCPI #, ACREAGE AND ZONING INFORMATION

| | | | |
|--------------|--|---------|-----------|
| MCPI / PIN # | Site Acreage: | Zoning: | Land Use: |
| | Proposed Square Footage of Structures: | | |

Check appropriate Box(s):

| | | |
|---|---|---|
| <input type="checkbox"/> within Historic District | <input type="checkbox"/> Includes 100-year Floodplain | <input type="checkbox"/> Special Exception Conditions if applicable Application No: |
| <input type="checkbox"/> within H-2 Corridor | <input type="checkbox"/> includes wetlands | <input type="checkbox"/> Proffered Rezoning Conditions if applicable Application No: |

APPLICANT(S)

| | | | |
|-----------------------|--|-----------------------|--|
| Company Name | | Company Name | |
| Contact | | Contact | |
| Mailing Address | | Mailing Address | |
| City, State, Zip Code | | City, State, Zip Code | |
| Daytime Telephone | | Daytime Telephone | |
| E-mail Address | | E-mail Address | |

PROPERTY OWNER(S)

| | | | |
|-----------------------|--|-----------------------|--|
| Company Name | | Company Name | |
| Contact | | Contact | |
| Mailing Address | | Mailing Address | |
| City, State, Zip Code | | City, State, Zip Code | |
| Daytime Telephone | | Daytime Telephone | |
| E-mail Address | | E-mail Address | |

REPRESENTATIVE(S)

| | | | |
|-----------------------|--|-----------------------|--|
| Company Name | | Company Name | |
| Contact | | Contact | |
| Mailing Address | | Mailing Address | |
| City, State, Zip Code | | City, State, Zip Code | |
| Daytime Telephone | | Daytime Telephone | |
| E-mail Address | | E-mail Address | |

CERTIFICATIONS

APPLICANT(S):
 I have read this completed application and understand its intent. The information provided is accurate to the best of my knowledge. I understand that the Town of Leesburg may deny, approve, or approve with conditions this application. Furthermore, I grant permission to members of the Town of Leesburg staff and their agents to enter the subject property and conduct investigations necessary to evaluate this application.

| | |
|--|--|
| _____ Owner Signature Date | _____ Owner Signature Date |
| _____ Print Name (Owner) | _____ Print Name (Owner) |
| _____ Applicant Signature Date | _____ Applicant Signature Date |
| _____ Print Name (Applicant) | _____ Print Name (Applicant) |

Staff to complete:

| |
|--|
| Fee paid: \$ _____ Dated: _____ Check #: _____ |
|--|