



CITY OF WILLIAMSBURG PCR# _____
PLANNING DEPARTMENT Date: _____

REQUEST FOR PLAT APPROVAL

Requests for plat approval should be addressed to the Planning Department and filed in duplicate. An application fee of \$ _____ payable to the City of Williamsburg is required when filing. Processing of the request will not commence until payment application fee is received. All requests should be typewritten and should include four (4) copies of the plat.

TO THE CITY OF WILLIAMSBURG: I (we) the undersigned

(1) _____
Name (printed) Street Address

Phone Number E-Mail Address

Signature Date City/State Zip

Name (printed) Street Address

Phone Number E-Mail Address

Signature Date City/State Zip

do hereby petition the City of Williamsburg to approve the platting of the following property:

(2) **Describe property** (attach description on separate page if necessary) by lot, block and subdivision and by metes and bounds as on deed.

Located at (street address) _____

(3) **Plat Title** _____

(4) **Plat Prepared by** _____
Firm

Mailing Address Phone/Fax Numbers

(5) **Tax Map Number of Area Platted** _____

Plat Approval Request

Page 2

(6) **Zoning District** _____

(7) **Size of Area Platted** _____ Square feet _____ Acres

(8) **The platting is requested for the following reason(s):**

(9) **The property is owned by** _____
Name

Street Address City/State Zip

Name

Street Address City/State Zip

(10) **If** request is made by other than the owner(s) of subject properties, please complete the following:

The undersigned hereby deposes and says that (he is) (they are) owner(s) of property proposed for platting and that this application is made with (his) (their) full knowledge and consent.

Owner Signature Name (printed) Date

Owner Signature Name (printed) Date

(11) STATE OF VIRGINIA
CITY OF WILLIAMSBURG, TO-WIT

I, the undersigned Notary Public in and for the City of Williamsburg, in the State of Virginia, do hereby certify that _____, whose name(s) is/are signed to the foregoing application, personally appeared before me on the ____ day of _____, _____, and made oath that the information furnished therein is true and correct
Given under my hand this ____ day of _____, _____.

Notary Public

My Commission expires _____

Notary Identification Number _____