



CITY OF HARRISONBURG
COMMUNITY
DEVELOPMENT

Minor Subdivision Application
www.harrisonburgva.gov/subdividing-property

PROPERTY INFORMATION

Title of Subdivision: _____

Property Address(es) _____

Tax Map Parcel(s)/ID(s) _____

Total Acreage _____

Number of Lots Proposed _____

Zoning Classification _____

Purpose of Subdivision:

PROPERTY OWNER INFORMATION

Property Owner Name _____

Telephone _____

Street Address _____

E-Mail _____

City _____ State _____ Zip _____

OWNER'S REPRESENTATIVE INFORMATION (if applicable)

Owner's Representative _____

Telephone _____

Street Address _____

E-Mail _____

City _____ State _____ Zip _____

ADDITIONAL INFORMATION

Who should city staff's comments be sent to? (Check all that apply.)

- Property Owner
- Owner's Representative
- Other (provide name, phone, e-mail: _____)

CERTIFICATION

I have read the ordinance requirements. I certify that the information supplied on this application and on the attachments provided (plats and other information) is accurate and true to the best of my knowledge. In addition, I hereby grant permission to the agents and employees of the City of Harrisonburg to enter the above property for the purposes of processing and reviewing this application.

PROPERTY OWNER

DATE

TO BE COMPLETED BY PLANNING & ZONING DIVISION

Date Form Received

Total Fees Due: \$ _____
Application Fee: \$150.00 plus \$20.00 per lot (based on number of lots proposed)

Form Received By