



## Application for Subdivision Amendment Review

Department of Neighborhood Development Services  
P. O. Box 911, City Hall  
Charlottesville, VA 22902

Tax Map and Parcel Number(s) \_\_\_\_\_

Address(es) \_\_\_\_\_

Number of Existing lots \_\_\_\_\_ Number of Proposed lots \_\_\_\_\_

### Applicant Contact Information

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Owner Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Owner's Signature and Right-of-Entry:** I, the undersigned, hereby grant the designated officer of the City of Charlottesville the right to enter my property for the purpose of inspection and monitoring for compliance with the approved site plan for this project.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

### Required application materials and fee:

- Ten (10) paper copies of the proposed unrecorded subdivision plat, properly collated, bound and folded.
- Correct application fee. Checks payable to "City of Charlottesville".

**Note: Incomplete applications will not be processed.**

Date Received: _____	Received by: _____
Fee: _____	Cash/Check # _____