



**TOWN OF ROUND HILL**  
**LAND DEVELOPMENT APPLICATION**  
23 MAIN STREET / PO BOX 36  
ROUND HILL, VIRGINIA 20142  
Phone (540) 338-7878 Fax (540) 338-1680

APP. # \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Correspondence to be sent to:  applicant  owner  representative  Other (specify): \_\_\_\_\_

Email Address: \_\_\_\_\_

Proposal request:  
\_\_\_\_\_  
\_\_\_\_\_

Project address \_\_\_\_\_

Name of Subdivision, Development or Business \_\_\_\_\_

APPLICANT/ REPRESENTATIVE: I have read this completed application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the Town may deny, approve, or conditionally approve that for which I am applying. Furthermore, I grant permission to the Town, or authorized government agents, to enter the property and to make such investigations and tests as deemed necessary.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH PLAT OR SKETCH PLAN SHOWING DISTANCES FROM PROPERTY LINES**

Tax Map/ Parcel	Existing Zoning	OFFICE USE ONLY		No. of Lots	Acreage
		Proposed Zoning			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Fee \_\_\_\_\_ Date Application Received \_\_\_\_\_

**Check Appropriate Review**

Zoning  Rezoning  Site Plan  Subdivision Plat  Other: \_\_\_\_\_

**Departmental/ Agency Referrals**

Fire Marshall  Health Department  Planning Commission  VDOT  Technical Services  Public Works

Date Out: \_\_\_\_\_ Comments Due: \_\_\_\_\_ Return to: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
ZONING ADMINISTRATOR

DATE: \_\_\_\_\_