



DEVELOPMENT APPLICATION

Roanoke County / Town of Vinton - Community Development
 5204 Bernard Dr. / P.O. Box 29800 Phone 540-772-2065
 Roanoke, VA 24018 Fax 540-772 2108

 E & S Plan Site Plan**Check Appropriate Boxes** Small Plat
(Up to 4 lots) Large Subdivision Plan
(5 lots or more)

SITE INFORMATION	Development / Project Name:		
	#1 Site Address:	Tax Map#:	Zoning:
	Owner(s):		Phone:
	Mailing Address:		Cell:
	City / State / Zip:		E-mail:
	#2 Site Address:	Tax Map#:	Zoning:
	Owner(s):		Phone:
	Mailing Address:		Cell:
City / State / Zip:		E-mail:	

SEE BACK IF OTHER SITE ADDRESSES ARE INVOLVED

APPLICANT INFORMATION	Applicant (if other than owner):		Phone:
	Applicant Address:		Cell:
	City / State / Zip:	E-mail:	Fax:
ENGINEER SURVEYOR DESIGN PROF.	Name:		Phone:
	Address:		Cell:
	City / State / Zip:	E-mail:	Fax:

DEVELOPMENT INFORMATION	Proposed Use:	NOTIFICATION SOURCE	<input type="checkbox"/> Mail	FEES	<input type="checkbox"/> Cash
	Number of Lots:		<input type="checkbox"/> Fax		<input type="checkbox"/> Check # _____
	Deeded Area:		<input type="checkbox"/> E-Mail		<input type="checkbox"/> Credit Card
	Total Disturbed Area:				\$ _____

REQUESTED SERVICE	<u>Water Source</u>	OWNER / AGENT AGREEMENT		
	<input type="checkbox"/> Western Va. Water Authority <input type="checkbox"/> Town of Vinton <input type="checkbox"/> Salem <input type="checkbox"/> Well			
<u>Sewage</u>	<input type="checkbox"/> Western Va. Water Authority <input type="checkbox"/> Town of Vinton <input type="checkbox"/> Salem <input type="checkbox"/> Septic	<p><i>It is understood that submission of inaccurate or incomplete information may delay final approval of the comprehensive development plans.</i></p> <p><i>I do hereby certify that I fully understand the provisions of all Roanoke County ordinances, policies and programs as they relate to the above referenced project. I further grant the right-of-entry to this project, as described above, to the designated personnel for the purpose of inspecting and monitoring for compliance with the aforesaid ordinances, policies and programs.</i></p>		
		OWNER OR AGENT SIGNATURE		DATE

**SITE INFORMATION
CONTINUED**

#3 Site Address:	Tax Map#:	Zoning:
Owner(s):	Phone:	
Mailing Address:	Cell:	
City / State / Zip:	E-mail:	
#4 Site Address:	Tax Map#:	Zoning:
Owner(s):	Phone:	
Mailing Address:	Cell:	
City / State / Zip:	E-mail:	
#5 Site Address:	Tax Map#:	Zoning:
Owner(s):	Phone:	
Mailing Address:	Cell:	
City / State / Zip:	E-mail:	