



Application for Subdivision

To: The County of Mathews
Department of Planning & Zoning
P.O. Box 839
50 Brickbat Road, Suite 208
Mathews, VA 23109

Date: _____

Application Number
(To be provided by staff)

Application is hereby submitted for: (check one)

- Tentative Approval of Preliminary Plat
 Final Plat Approval
 Family Transfer

Fee Schedule:

Minor Subdivision - \$50 + \$10 per lot
Major Subdivision - \$200 + \$10 per lot
Family Transfer - \$50 + \$5 per lot

Name of Subdivision: _____

Street Address or Location of Property: _____

Tax Map Number: _____ Magisterial District: _____

Zoning : _____ Area (acres): _____

Number of lots existing: _____ Number of lots proposed: _____

Attached is a check for \$ _____, payable to "**Treasurer, County of Mathews**"

Applicant/Contact Person: _____

Mailing Address: _____

Telephone: (____) _____ Fax: (____) _____

Property Owner: _____

Mailing Address: _____

Telephone: (____) _____ Fax: (____) _____

Property Owner's Signature: _____

(The names, addresses, telephone numbers and signatures of all owners of the property are required. Please attach additional sheets as needed. If a legal representative signs for a property owner, please attach an executed power of attorney.)