

SUBDIVISION REVIEW

WHAT IS A SUBDIVISION?

A subdivision is the division or re-division of property into two or more lots including changes in existing lot lines for the purpose, whether immediate or future, of lease, or transfer of ownership of a building or lot.

WHAT MUST I PROVIDE TO OBTAIN SUBDIVISION APPROVAL?

- Subdivision Application Packet
- 10 copies of the plat of the parcel to be subdivided showing the proposed subdivision, or boundary line adjustment and/or extinguishment (to include notarized signatures of the owners.) Must be prepared by a licensed engineer.
- 1 digital copy
- A filing fee:
 - O Minor (up to 5 lots with no new road) \$100+ \$50 per lot
 - O Major (6+ lots) Preliminary/Final- \$500+ \$50 per lot
 - o Boundary Line Adjustments \$100.00 per plat
 - O Construction Plan- \$2,000 +\$50 per lot
- A surety bond may be required prior to plat approval for any infrastructure improvements, such as land disturbance, roads, and water and sewer systems.

REVIEW PROCEDURES

Subdivision review is an administrative process. For review standards, please contact the Planning and Zoning Department for further assistance.

WILL I NEED OTHER PERMITS?

You may need a zoning, building, and health department permit (for septic tank and well).



APPLICATION FOR SUBDIVISION PLAT REVIEW

This application shall be used to request review and approval of subdivision plats. The following application requirements are consistent with the procedures set forth in Section 6-4 of the Sussex County Subdivision Ordinance, as amended.

[] Preliminary plat, Major [] Family	Division [] Farm	mette [] Boundary Line Adjustmen
[] Final plat, Major [] Lot around ex	sisting house []	Court Ordered
Submittal #: First [] Second [] Th	ird [] Other (ple	ease specify)
**Resubmittals only required to submit po	O	
Application Number (resubmittals only):		
PROJECT DESCRIPTION:		
Project Name:		
Number of lots proposed:		
Election District:		
Zoning District:		
Tax Parcel Identification #		
Proposed Utilities (check all that apply):	·	Private Well Private Septic
APPLICATION INFORMATION:		
Applicant(s) Name(s):		
Address:		
City, State, Zip Code:		
Phone No.: Email:		Fax No.:
Property Owner(s) Name(s):		
Address:		
City, State, Zip Code:		
Phone No.: Email:		Fax No.:



Applicants/Owners Affidavit (including compliance with all deed restrictions and covenants)

This application must be signed by the owner(s) of the subject property or must have attached written evidence of the owner's consent, which may be in the form of a binding contract of sale with the owner's signature or a letter signed by the owner(s), containing written authorization to act with full authority on the owner(s) behalf in filing this subdivision application. Signing this application shall certify the owner's compliance with all deed restrictions and covenants, and shall constitute the granting of authority of the County to enter onto the property for the purpose of conducting site analyses in compliance with Federal, State and County regulations.

Applicant:Printed or Typed Name	Owner:Printed or Typed Name
Applicant:Date:	Owner:Date:
County of Sussex, Commonwealth of Virginia	County of Sussex, Commonwealth of Virginia
Subscribed and sworn to before meA Notary Public in and for the County of Sussex, Commonwealth of Virginia, thisday of, 20	A Notary Public in and for the County of Sussex,
Notary Public	Notary Public
My Commission Expires	My Commission Expires
Owner:Printed or Typed Name	Owner: Printed or Typed Name
Owner:Date:	Owner:Date:
County of Sussex, Commonwealth of Virginia	County of Sussex, Commonwealth of Virginia
Subscribed and sworn to before meA Notary Public in and for the County of Sussex, Commonwealth of Virginia, thisday of, 20	A Notary Public in and for the County of Sussex,
Notary Public	Notary Public
My Commission Expires	My Commission Expires



SUBMITTAL CHECKLIST FOR MAJOR SUBDIVISION PLAT APPLICATIONS

In accordance with the Subdivision Ordinance of Sussex County, Virginia, as amended, the following information shall be submitted for preliminary or final major subdivision plat applications. Please note that it is the applicant's responsibility to ensure that the application complies with all Federal, State and County regulations.

No application for approval of a subdivision plat shall be certified as complete unless the following information is provided. If the required number of copies has been reduced by the Subdivision Agent, the permitted number of copies must be documented in writing and provided with the application. A pre-application conference is encouraged for all subdivision applications and may be required.

Signature		Date	
requ the b obta	ne undersigned, certify that this application is complete uested information, documents and other submittals, a best of my knowledge, true and correct. I further certain the most recent, complete and correct information completed in its entirety may delay processing of this	fy that I have exercised due diligence to available. I understand that any section	
	All real estate taxes must be paid and current at the recent tax payment to the County must accompany		
	The appropriate fees must be submitted with the appayable to: Treasurer, Sussex County.	plication. Checks should be made	
	One (1) digital copy of the plat and application mat	erials.	
	Ten (10) paper copies of a preliminary or final plat signed in accordance with section 6-8 of the Subdiv copies may be reduced by the Subdivision Agent pe	vision Ordinance. Number of paper	
	One (1) copy and one (1) original executed applicar property owner(s) must have their signature(s) not a second and third submittals, copy of signature page	rized on page 2 of the application. For	



NOTICE: THE ATTACHED CHECKLIST MUST BE COMPLETED, CERTIFIED, AND SUBMITTED OR THEAPPLICATION WILL BE CONSIDERED INCOMPLETE.

Remit Application to: Sussex County Planning and Zoning Department 20135 Princeton Road P. O. Box 1397 Sussex, Virginia 23884 **FOR OFFICE USE ONLY:** Complete Application Received On:______ Fees Paid:

Tax Query: [] Current [] Delinquent Distribution Date: _____ Fees Paid: Posted/Date to Post: **AGENCY REFERRALS:** Department of Environmental Quality ____Building Inspections Sheriff's Office Finance **Industrial Development Authority** Town of Jarratt County Administration Town of Waverly Public Safety Town of Stony Creek Health Department Town of Wakefield ___Schools VDOT ____County Attorney Commissioner of the Revenue _____ Other _____ Sussex Service Authority Verified By: _______Date: _____