



Town of Shenandoah  
426 First Street  
Shenandoah VA 22849  
(540) 652-8164

**CONSOLIDATION OF LOTS REQUEST APPLICATION**

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

**FEE:** \_\_\_\_\_

**The applicant is the**  **OWNER**  **OTHER (check one)**

OWNER'S Name \_\_\_\_\_

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

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

OCCUPANT'S Name \_\_\_\_\_

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

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

1. It is desired and requested that my property be consolidated as per the attached plat.
2. Address(es) of property to be consolidated: \_\_\_\_\_
3. Size of property: \_\_\_\_\_
4. Tax Map numbers: \_\_\_\_\_
5. Property is zoned: \_\_\_\_\_
6. Public water:  YES  NO
7. Public sewer:  YES  NO
8. Private water:  YES  NO
9. Private sewer:  YES  NO
10. Applicant's additional comments, if any: \_\_\_\_\_

I (we) the undersigned do hereby certify that the above information is correct and true. I (we) further understand that if this request is approved the Town of Shenandoah requires that I (we) obtain the Mayor's signature/stamp on the deed prior to recording it.

Signature of Owner(s): \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_

**Commonwealth of Virginia**  
**County of Page**  
**To-Wit:**

\_\_\_\_\_, personally appeared before me in my jurisdiction aforesaid and certified to the foregoing statements regarding an application for consolidation of property on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**  
My commission expires: \_\_\_\_\_

ID # \_\_\_\_\_