



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

SUBDIVISION 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 subdivided as per the attached plat.
2. Address of property to be subdivided: _____
3. Size of property: _____
4. Tax Map #: _____
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 subdivision of property on this ____ day of _____ 20____.

Notary Public
My commission expires: _____

ID # _____