



P.O. Box 209 | 6 East Pennsylvania Avenue  
 Lovettsville, VA 20180  
 (540) 822-5788

# Preliminary Plat Application

**Property Owner's Name:** \_\_\_\_\_ **Fee: \$300 + \$15 per lot**

Address (Mailing) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

**Owner's Representative (If Applicable):** \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

### Subject Parcel Information:

Location (Street Address): \_\_\_\_\_

PIN (Property Identification Number): \_\_\_\_\_ Lot Size: \_\_\_\_\_

Current Zoning District (example: C-1): \_\_\_\_\_

Conditional Use Being Requested (Code Section): \_\_\_\_\_

Conditional Use Being Requested (Description of Use): \_\_\_\_\_

Identify any existing improvements (example: 2 story brick house): \_\_\_\_\_

I hereby certify that I am the property owner and this application in all its parts, including the accompanying development plan proposal, is complete, correct and in compliance with the applicable Town of Lovettsville Ordinances, to the best of my knowledge. I acknowledge responsibility for all engineering, legal, zoning and planning review fees incurred by the Town in connection with the review of this application, and all outstanding debts owed to the Town of Lovettsville and Loudoun County have been paid prior to filing this application.

**Signature of Property Owner(s)** \_\_\_\_\_ **Printed Name of Property Owner(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

(Attach sheet for additional Property Owners with their printed name(s) and date.)

### -----Office Use Only-----

Date Application Received \_\_\_\_\_ Application Complete \_\_\_\_\_ Application Fee Paid \_\_\_\_\_ Town Real Estate Taxes Paid \_\_\_\_\_

Loudoun County Personal Property Taxes Paid \_\_\_\_\_ All Fees Owed to Town Have Been Paid \_\_\_\_\_