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Daniel S Galindo, AICP  
 Zoning Administrator  
 (571) 442-0598  
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## Land Development Application

### Town of Hamilton

**Application for (please check one):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Preliminary Site Plan | <input type="checkbox"/> Final Site Plan          | <input type="checkbox"/> Site Plan Revision  |
| <input type="checkbox"/> Preliminary Plat      | <input type="checkbox"/> Final Plat               | <input type="checkbox"/> Final Plat Revision |
| <input type="checkbox"/> Minor Subdivision     | <input type="checkbox"/> Boundary Line Adjustment | <input type="checkbox"/> Lot Consolidation   |
| <input type="checkbox"/> Major Subdivision     | <input type="checkbox"/> Revisions                | <input type="checkbox"/> Grading             |

Date \_\_\_\_\_

Agent/Contractor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Owner \_\_\_\_\_ Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Owner's Address \_\_\_\_\_

**Correspondence to be sent to:**

Agent                       Owner

Name of Subdivision, Development or Business \_\_\_\_\_

Proposal/Request \_\_\_\_\_

Zoning District \_\_\_\_\_ Project Acreage \_\_\_\_\_ PIN \_\_\_\_\_

Project Location \_\_\_\_\_

**Agent/Owner:**

I have read this completed application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the Town may deny, approve, or conditionally approve that for which I am applying. Furthermore, I grant permission to the Town or authorized government agents to enter the property and make such investigations and tests as they deem necessary.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Town Use Only**

Fees Paid - Amount \$ \_\_\_\_\_

Zoning Administrator's Approval	Date
Comments:	Date
	TH #