## **COUNTY OF ALBEMARLE**

#### APPLICATION FOR SUBDIVISION VARIATION OR EXCEPTION

- Relief from plat conditions imposed by the commission prior to the date of adoption of this chapter. = \$1,019.20 (\$980+\$39.20 Technology Surcharge)
- Exception of certain details of a plat and any other information required by sections 14-302 through 14-318 expressly authorized to be varied or excepted.
  - After approval of a preliminary plat and before approval of a final plat: = \$1,019.20 (\$980+\$39.20 Technology Surcharge)
  - After approval of a final plat: = \$1,019.20 (\$980+\$39.20 Technology Surcharge)

#### Provide the following

- 1 copy of applicable subdivision plat
- 1 written request stating the reasons for the request and addressing the applicable findings of Section 14-203.1 (A)(2)

- Variation or exception of any requirement of section 14-400 through 14-441 expressly authorized to be varied or excepted.
  - After approval of a preliminary plat and before approval of a final plat: = \$1,019.20 (\$980+\$39.20 Technology Surcharge)
  - After approval of a final plat: =**\$1,019.20** (\$980+\$39.20 Technology Surcharge)

#### **Provide the following**

- 1 copy of applicable subdivision plat
- 1 written request stating the reasons for the request and addressing the applicable findings of Section 14-203.1 (A)(2)

A completed application and all supplemental documents should be submitted via the Community Development Apply for page. If paper is the only option, then one copy of a completed application and all supplemental documents may be provided.

Applicant			
Street Address			
City	State	Zip Code	
Phone Number			
Email			
City	State	Zip Code	
Phone Number			
Street Address			
		Zip Code	
Phone Number			

# **COUNTY OF ALBEMARLE**

#### APPLICATION FOR SUBDIVISION VARIATION OR EXCEPTION

### **Owner/Applicant Must Read and Sign**

The foregoing information is complete and correct to the best of my knowledge. I have read and understand the provisions of Chapter 14 Subdivision of Land of the Albemarle County Code.

regarding this applica	ation I am consenting to we tion being provided to me operated preclude such written com	or my designated con	tact via fax and or email.
Signature of Owner, C	Contract Purchaser, Agent	Date	
Print Name		Daytime phone nu	mber of Signatory
	SUB#		
By who?		CK#	By