

*Dinwiddie County Planning Department*  
**SITE PLAN APPLICATION**

Date Received: _____	Fee: _____	Tracking #: SP- _____ - _____
Time Received: _____	Receipt #: _____	Application Type: <i>(check one)</i>
Accepted By (initials): _____	Prelim. Meeting Date: _____	New <input type="checkbox"/> Revision of Plan in Process <input type="checkbox"/>

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Contact Person's Address:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Tax Map Number:** \_\_\_\_\_ **Acres:** \_\_\_\_\_ **Zoning:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Hours of Operation:** \_\_\_\_\_

**Proposed Use(s) of Building(s) and/or Site:** \_\_\_\_\_

**Size of Building:** *Existing:* \_\_\_\_\_ *Proposed:* \_\_\_\_\_

**Amount of Space Being Used:** \_\_\_\_\_  
*(If not entire building or site)*

**Number of Employees:** *Currently:* \_\_\_\_\_ *New Employees:* \_\_\_\_\_

**Number of Parking Spaces:** *Currently:* \_\_\_\_\_ *New Spaces:* \_\_\_\_\_  
*(shall comply with Dinwiddie County Zoning Ordinance)*

**Size of Sign Associated with this Business:** \_\_\_\_\_  
*(shall comply with Dinwiddie County Zoning Ordinance)*

**Projected Water Usage** \_\_\_\_\_ gallons/day  
*(If public water or sewer)*

**INDICATE METHOD OF:**

**Water Supply:**      Community System      Public Water      Well

**Sewage Disposal:**      Community System      Public Sewer      Septic System      Alternative

- *Please submit twelve (12) copies of the site plan with this application.*
- *Reminder: After approval of the site plans, construction plans are to be submitted to this office for disbursement.*
- *Fees must be paid at the time of submittal.*
- *Please include one (1) copy of the subdivision on 8.5' x 11' paper.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Property Owner's Signature (if different)*