



The City of Harrisonburg’s preliminary plat and subdivision requirements are in the code of the City of Harrisonburg, Subdivision Ordinance Sections 10-2-1 through 10-2-86. Please read these requirements carefully.

PROPERTY INFORMATION

Title of Subdivision: _____

Property Address _____ Tax Map Parcel/ID _____

Total Acreage _____ Number of Lots Proposed _____ Zoning Classification _____

PROPERTY OWNER INFORMATION

Property Owner Name _____ Telephone _____

Street Address _____ E-Mail _____

City _____ State _____ Zip _____

OWNER’S REPRESENTATIVE INFORMATION (if applicable)

Owner’s Representative _____ Telephone _____

Street Address _____ E-Mail _____

City _____ State _____ Zip _____

SURVEYOR INFORMATION

Name _____ Telephone _____

Street Address _____ E-Mail _____

City _____ State _____ Zip _____

CERTIFICATION

I have read the ordinance requirements. I certify that the information supplied on this application and on the attachments provided (plats and other information) is accurate and true to the best of my knowledge. In addition, I hereby grant permission to the agents and employees of the City of Harrisonburg to enter the above property for the purposes of processing and reviewing this application.

PROPERTY OWNER **DATE**

TO BE COMPLETED BY PLANNING & ZONING DIVISION

Date Form Received _____ Total Fees Due: \$ _____
Application Fee: \$150.00 plus \$20.00 per lot

Form Received By _____