



# Subdivision Application

Department of Planning, Zoning & Wetlands P.O. Box 839, 50 Brickbat Road, Mathews, Virginia 23109  
Phone: 804-725-4034 Fax: 804-725-7249 Web Site: [www.mathewscountyva.gov](http://www.mathewscountyva.gov)

**PROPERTY INFORMATION**

MAP ID: \_\_\_\_\_ ZONING: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAGISTERIAL DISTRICT: \_\_\_\_\_

NAME OF SUBDIVISION: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

APPLICATION NO. \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CHK # \_\_\_\_\_

Approved  Denied \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Minor Subdivision  
\$50.00 + \$10.00 lot

Major Subdivision  
\$200.00 + \$10.00 lot

**PLEASE ATTACH SIX COPIES OF THE PLAT**

-----  
**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

-----

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

-----

By signing above, I/we certify that I/we own the subject property or have legal power to act on behalf of the owner in filing this application. I/we also certify that the information provided on this application and accompanying information is accurate, true and correct to the best of my knowledge.

**Make check payable to TREASURER, COUNTY OF MATHEWS**