

**COMMONWEALTH OF VIRGINIA
COUNTY OF FLUVANNA
Ordinance of Vacation
(Consolidation) Application**

Owner of Record: _____
 E911 Address: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant of Record: _____
 E911 Address: _____
 Phone: _____ Fax: _____
 Email: _____

Representative: _____
 E911 Address: _____
 Phone: _____ Fax: _____
 Email: _____

Note: If applicant is anyone other than the owner of record, written authorization by the owner designating the applicant as the authorized agent for all matters concerning the request shall be filed with this application.
 Is property in Agricultural Forestal District? No Yes
 If Yes, what district: _____

Tax Map and Parcel(s): _____
Acreage: _____ **Zoning:** _____
 E911 Address of Parcel: _____
 Description of Property: _____

Deed Book Reference: _____
 Deed Restrictions? No Yes (Attach copy)

I declare that the statements made and information given on this application are true, full and correct to the best of my knowledge and belief. I agree to conform fully to all terms of any certificate or permit which may be issued on account of this application.

All plats must be folded prior to submission to the Planning Department for review. Rolled plats will not be accepted.

Applicant Name (Please Print) _____

Applicant Signature _____

OFFICE USE ONLY			
\$225.00 fee paid:	Date Received:	Application #: SUB _____ : _____	
Election District:	Planning Area:		
Approved	Denied	Date: _____	Zoning Administrator: