## COMMONWEALTH OF VIRGINIA COUNTY OF FLUVANNA Planning Department Zoning or Subdivison Inquiry

## **Property Owner:**

Address:			
City:		State:	Zip:
Phone:	Fax:	Alternative Number:	
Email:			
Name of Request	er:		
(if other than property	owner)		
Address:			
City:		State:	Zip:
Phone:	Fax:	Alternative Number:	
Email:			
Tax Parcel Number	:	Zoning:	Acreage:
Is this property loca	ited in an Agricultural Forestal	District, Conservation Easement, or a Pin	e Plantation? 🗌 Yes 🗌 No
	-	District, Conservation Easement, or a Pin th any questions you may have:	e Plantation? 🗌 Yes 🗌 No
	-		e Plantation? 🗌 Yes 🗌 No
	-		e Plantation? 🗌 Yes 🗌 No
	-		e Plantation? 🗌 Yes 🗌 No
	-		e Plantation? 🗌 Yes 🗌 No
	-		e Plantation? 🗌 Yes 🗌 No
	-		e Plantation? 🗌 Yes 🗌 No
	-		e Plantation? 🗌 Yes 🗌 No
	-		e Plantation? 🗌 Yes 🗌 No
	-		e Plantation? 🗌 Yes 🗌 No

Signature

Date

OFFICE USE ONLY				
Date Received:	Received By:	Assigned To:		
Completed:	Date Information Sent:			
Remarks:				

County of Fluvanna \* Post Office Box 540 \* Palmyra, VA 22963 \* (434)591-1910 \* Fax (434)591-1911

This form is available on the Fluvanna County website: www.co.fluvanna.va.us