

**COMMONWEALTH OF VIRGINIA
COUNTY OF FLUVANNA
Planning Department
Zoning or Subdivision Inquiry**

Property Owner: _____

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Alternative Number: _____
Email: _____

Name of Requester: _____

(if other than property owner)

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Alternative Number: _____
Email: _____

Tax Parcel Number: _____ **Zoning:** _____ **Acreage:** _____

Is this property located in an Agricultural Forestal District, Conservation Easement, or a Pine Plantation? Yes No

Please provide any relevant information, along with any questions you may have:

Signature

Date

OFFICE USE ONLY

Date Received:	Received By:	Assigned To:
Completed:	Date Information Sent:	
Remarks:		