

Pre-Application Meeting

Date: _____



Department of Planning and Community Development
121 Thompson Street, PO Box 1600
Ashland, Virginia 23005
(804) 798-1073 www.ashlandva.gov

Possible application type(s):

- Rezoning Site Plan Other:
 Subdivision Conditional Use Permit

Contact Information

Name: _____ Role in project: _____

Phone: _____ Email: _____

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Name: _____ Role in project: _____

Phone: _____ Email: _____

Proposal Information

GPIN(s): _____ Acreage: _____ Zoning: _____

Address (or location description):

Existing or Previous Use of Land:

Proposed Use or Improvements:

*If possible, please submit a sketch plan of your proposal to the Planning Department before the Pre-Application meeting.

Key Questions:

Will it disturb over 2,500 square feet of ground area?

Will it require an extension of public utilities?

Is this a new or existing building?

Will you build, or tie into, existing public road?

Will there be any work in Town right-of-way or other public property?

Other Topic to Consider:

- Zoning
- Stormwater
- Public Utilities
- Transportation (Circulation and Roads)
- Building Code
- Health Department
- Fire and EMS
- Signage and Lighting
- Landscaping
- Schools...

Contact Directory

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