



COMMONWEALTH OF VIRGINIA
COUNTY OF CUMBERLAND

Internal Use Only

RECEIVED _____
FEE \$ _____ CK# _____
COMPLETED _____
STAFF _____

**Survey of Existing Lot(s)
Application**

1. Property Information:

Property Owner(s): _____

Property Owner(s) Address: _____

Tax Map Number(s): _____

Parcel Address (if available): _____

Zoning District Classification: _____

Total Acreage: _____

1. Applicant Information (if different from Property Owner):

Applicant Name: _____

Applicant Address: _____

Applicant Contact information (phone or
email): _____

2. Surveyor/ Engineer/Architect:

Firm Name: _____

Name of Individual Preparing Plat: _____ certification #: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Fax #: (____) _____ Email: _____

3. Property Owner Signature:

The undersigned hereby certifies that all information submitted with this application is complete, true and correct. Further, I understand that this survey is with the free consent and in accordance with the desire of the undersigned owners, proprietors, and trustees, if any and as applicable.

Print Name of Property Owner 1

Signature of Property Owner 1

Date

Print Name of Property Owner 2

Signature of Property Owner 2

Date

Print Name of Applicant

Signature of Applicant

Date