



CHESTERFIELD COUNTY
 PLANNING DEPARTMENT
 CHESTERFIELD, VIRGINIA 23832
 (804) 748-1050
 www.chesterfield.gov/plan

FOR OFFICE USE ONLY	
Rec'd by _____	Case No. _____
Date Rec'd _____	Time Rec'd _____
Reviewed by _____	Fee amount _____

VALIDATION PLAT REVIEW APPLICATION

COMPLETE THE FOLLOWING INFORMATION IN FULL

SUBDIVISION INFORMATION

1. Owner(s) Legal Name(s) (PRINT): _____

2. GPIN#							
Address	Existing Zoning	Zoning Acreage	Conditions			Existing Land Use/Structures	Magisterial District
			CU	PD	SE		

GPIN#							
Address	Existing Zoning	Zoning Acreage	Conditions			Existing Land Use/Structures	Magisterial District
			CU	PD	SE		

GPIN#							
Address	Existing Zoning	Zoning Acreage	Conditions			Existing Land Use/Structures	Magisterial District
			CU	PD	SE		

3. Is this associated with a building permit or lot/parcel subdivision? If yes, # _____

4. Owner's Signature: _____ Phone No.: _____

Owner's Email Address: _____ Register No: _____

Owner's Signature: _____ Phone No.: _____

Owner's Email Address: _____ Register No: _____

(FOR OFFICE USE ONLY)

Validation Plat Checklist

- The plat shall have the following information and certificates:
- (a) Owners: *(To be filled in at time of plat creation from above)*
 - (b) GPIN *(To be filled in at time of plat creation from above)*
 - (c) Scan copy of the current mortgage or survey plat
 - (d) SUBDIVISION CERTIFICATE

THE RECORDATION OF THIS PLAT DEPICTING PROPERTY HERETO DESCRIBED BELOW IS WITH THE FREE CONSENT AND IN ACCORDANCE WITH THE DESIRE OF THE UNDERSIGNED OWNER(S). THIS PLAT MAY HAVE BEEN PREPARED WITHOUT A FULL TITLE SEARCH AND MAY NOT DEPICT ALL EXISTING EASEMENTS AND ENCUMBRANCES.

(COPY REMARKS FROM CALIAS, IF NONE, A DEED MUST BE PROCESSED THROUGH ASSESSOR'S OFFICE BY THE APPLICANT)

GIVEN UNDER OUR HANDS AND SEALS THIS _____ DAY OF _____ 20__

BY: (This is signed on plat only)

BY: _____

STATE OF VIRGINIA, COUNTY OF CHESTERFIELD (To be filled in on plat only)

TO WIT: I _____ A NOTARY PUBLIC IN AND FOR THE COUNTY OF CHESTERFIELD, STATE OF VIRGINIA DO HEREBY CERTIFY THAT _____ WHOSE NAME IS SIGNED ON THE FOREGOING SUBDIVISION CERTIFICATE HAS ACKNOWLEDGED THE SAME BEFORE ME IN MY COUNTY AND STATE AFORESAID. GIVEN UNDER MY HAND AND SEAL THIS _____ DAY OF _____ 20__.

MY COMMISSION EXPIRES _____.

NOTARY PUBLIC

GENERAL NOTES

(e) ZONING _____, APPLICABLE ZONING CASE _____
VARIANCE CASE _____.

(f) _____ WASTEWATER AND _____ WATER _____

(g) TOTAL SUBDIVISION ACREAGE _____

(h) DEPICTION OF THE LOT OR PARCEL FROM THE CURRENT COUNTY MAPS

(i) CHECK APPLICABLE PURPOSE AND ACTION TAKEN BY THE RECORDATION OF THE PLAT.

_____ (1) THIS PLAT DEPICTS A (LOT/PARCEL) THAT WAS CREATED IN VIOLATION OF THE PROVISIONS OF THE SUBDIVISION ORDINANCE IN PLACE AT THE TIME OF RECORDATION, OR

_____ (2) THIS PLAT DEPICTS A LOT THAT WAS MODIFIED IN VIOLATION OF THE PROVISIONS OF THE SUBDIVISION ORDINANCE IN PLACE AT THE TIME OF RECORDATION.

(j) ADVISORY CERTIFICATE

THE MAPPING INFORMATION IS NOT INTENDED TO REPRESENT ALL TOPOGRAPHIC AND ENVIRONMENTAL FEATURES ON THE LOT OR PARCEL WHICH COULD LIMIT OR PRECLUDE BUILDABILITY. ADDITIONAL ENGINEERING RESEARCH ON SUCH ITEMS AS, BUT NOT LIMITED TO: SOIL TYPE, WETLANDS, FLOODPLAINS, ADEQUATE CULVERTS FOR DRIVEWAYS CROSSINGS OF STREAMS OR FLOODPLAINS, ETC. MAY BE REQUIRED BASED UPON INDIVIDUAL PARCEL REQUIREMENTS AT TIME OF BUILDING PERMIT REVIEW.

(k) Subdivision Name (If within recorded subdivision) _____

(l) Subdivision Identification Number or GPIN _____

(m) _____ Magisterial District

Approved by:

Signed on record plat _____

Chesterfield County Planning Department