



# Planning Application Signature Form

County of Henrico, Virginia

Department of Planning

Henrico Planning: [henrico.us/planning](http://henrico.us/planning) Build Henrico: [build.henrico.us](http://build.henrico.us)

Department of Planning, County of Henrico, Virginia, P.O. Box 90775, Henrico, Virginia 23273-0775\*\* Phone 804-501-4602 [planning@henrico.us](mailto:planning@henrico.us)

\*\*For mail use P.O. Box. For deliveries C/O the Permit Center use street address 4301 E. Parham Road, Henrico, Virginia 23228.

Name of Project: \_\_\_\_\_ Job# \_\_\_\_\_

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> Appeal                   | <input type="checkbox"/> Construction Plan                | <input type="checkbox"/> Minor Site Plan       | <input type="checkbox"/> Provisional Use Permit | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Clearing & Grubbing Plan | <input type="checkbox"/> Covenant Review                  | <input type="checkbox"/> Minor Subdivision     | <input type="checkbox"/> Proffer Amendment      | <input type="checkbox"/> Transfer of Approval |
| <input type="checkbox"/> Concept Plan             | <input type="checkbox"/> Final Plat                       | <input type="checkbox"/> Plan of Development   | <input type="checkbox"/> Recordation            | <input type="checkbox"/> Vacation/Easement    |
| <input type="checkbox"/> Conditional Use Permit   | <input type="checkbox"/> Landscape, Lighting & Fence Plan | <input type="checkbox"/> Plat Check            | <input type="checkbox"/> Rezoning               | <input type="checkbox"/> Variance             |
| <input type="checkbox"/> Conditional Rezoning     | <input type="checkbox"/> Minor Construction Plan          | <input type="checkbox"/> Pre-Final Subdivision | <input type="checkbox"/> Site Plan              |   |
|   |   | <input type="checkbox"/> Preliminary Plat      |   |   |

**Certification:** By signing below the Engineer/Surveyor/Landscape Architect hereby certify that all of the required administrative documents, as requested and noted on the POD/Subdivision Application Checklists, have been submitted in compliance with all County Standards and understand the submission of incomplete or inaccurate information will result in a delay in processing and action on any POD/Subdivision requests.

**Access:** The property owner authorizes County officials and employees to enter the property during normal business hours in the discharge of their duties in regard to this request.

**Application Signatures:** \*If Power of Attorney is involved, attach [Power of Attorney form](#)

**Owner of Record:** If more than one owner, use additional signature boxes.  
By signing below Owner(s) agree to the Access statement above.

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature\* \_\_\_\_\_

Print Name

**Contact Type:**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature\* \_\_\_\_\_

Print Name

**Contact Type:**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature\* \_\_\_\_\_

Print Name

**Engineer/Surveyor/Landscape Architect:** If required for POD or Subdivision applications only,

Firm: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature\* \_\_\_\_\_

Print Name

**Contact Type:**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature\* \_\_\_\_\_

Print Name

**Contact Type:**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature\* \_\_\_\_\_

Print Name