



**CITY OF HARRISONBURG  
COMMUNITY  
DEVELOPMENT**

**Minor Subdivision Application**  
[www.harrisonburgva.gov/subdividing-property](http://www.harrisonburgva.gov/subdividing-property)

**PROPERTY INFORMATION**

Title of Subdivision: \_\_\_\_\_

Property Address(es) \_\_\_\_\_ Tax Map Parcel(s)/ID(s) \_\_\_\_\_

Total Acreage \_\_\_\_\_ Number of Lots Proposed \_\_\_\_\_ Zoning Classification \_\_\_\_\_

Purpose of Subdivision: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Property Owner Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OWNER'S REPRESENTATIVE INFORMATION (if applicable)**

Owner's Representative \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SURVEYOR INFORMATION**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CERTIFICATION**

*I have read the ordinance requirements. I certify that the information supplied on this application and on the attachments provided (plats and other information) is accurate and true to the best of my knowledge. In addition, I hereby grant permission to the agents and employees of the City of Harrisonburg to enter the above property for the purposes of processing and reviewing this application.*

\_\_\_\_\_  
**PROPERTY OWNER** **DATE**

**TO BE COMPLETED BY PLANNING & ZONING DIVISION**

Date Form Received \_\_\_\_\_ Total Fees Due: \$ \_\_\_\_\_  
Application Fee: \$150.00 plus \$20.00 per lot

Form Received By \_\_\_\_\_