Planning Application Signature Form

County of Henrico, Virginia
Department of Planning

Henrico Planning: henrico.gov/planning Build Henrico: build.henrico.gov

Department of Planning, County of Henrico, Virginia, P.O. Box 90775, Henrico, Virginia 23273-0775 Phone 804-501-4602 planning@henrico.gov**
**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#**_____

- ☐ Administrative Modification
- ☐ Appeal
- ☐ Clearing & Grubbing Plan
- ☐ Comprehensive Signage Plan
- ☐ Concept Plan
- ☐ Conditional Use Permit
- ☐ Conditional Rezoning
- ☐ Conservation & Development Plan
- ☐ Construction Plan
- ☐ Covenant Review
- ☐ Final Plat
- ☐ Landscape, Site Lighting and/or Fence Plan (including Alternatives)
- ☐ Minor Construction Plan
- ☐ Minor Site Plan
- ☐ Minor Subdivision
- ☐ Plan of Development
- ☐ Plat Check
- ☐ Pre-Final Plan
- ☐ Preliminary Plat
- ☐ Provisional Use Permit
- ☐ Proffer Amendment
- ☐ Rezoning
- ☐ Site Plan
- ☐ Temporary Use Permit
- ☐ Transfer of Approval
- ☐ Tree Removal Permit
- ☐ Variance

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

Applicant: Required for Rezoning, PUP, CUP, and Variance Applications.

Name: _____
E-Mail: _____ Phone: _____
Address: _____
City, State, Zip: _____

_____ _____
Authorized Signature* Print Name

Contact Type: Select

Name: _____
E-Mail: _____ Phone: _____
Address: _____
City, State, Zip: _____

_____ _____
Authorized Signature* Print Name

Engineer/Surveyor/Landscape Architect: Required for POD or Subdivision applications only.

Firm: _____
E-Mail: _____ Phone: _____
Address: _____
City, State, Zip: _____

_____ _____
Authorized Signature* Print Name

Contact Type: Select

Name: _____
E-Mail: _____ Phone: _____
Address: _____
City, State, Zip: _____

_____ _____
Authorized Signature* Print Name

Contact Type: Select

Name: _____
E-Mail: _____ Phone: _____
Address: _____
City, State, Zip: _____

_____ _____
Authorized Signature* Print Name