



FLOYD COUNTY PLAT REVIEW SUBMISSION FORM

Please complete and submit this form, along with plats to:
 Floyd County Administrative Offices
 P. O. Box 218 ~120 W. Oxford Street, Floyd, VA 24091
 Phone: (540) 745-9300

TAX PARCEL #'s:				
TYPE OF PLAT (Check all that apply)		Base Fee Due Upon Submittal	Agent Review	PC Review*
<input type="checkbox"/>	Agricultural Subdivision	\$60 (Agent) or \$300 (PC)	1-3 lots	4+ lots
<input type="checkbox"/>	Family Subdivision	\$60 (Agent) or \$75 (PC)	1-3 lots	4+ lots
<input type="checkbox"/>	<i>A completed Affidavit of Family Subdivision and a Draft Deed must be submitted with the plats for consideration</i>			
<input type="checkbox"/>	Lot Subdivision (1-3 lots)	\$60	✓	✗
<input type="checkbox"/>	Standard Subdivision (4+ lots)	\$300	✗	✓
<input type="checkbox"/>	Townhouse Subdivision	\$300	✗	✓
<input type="checkbox"/>	Parcel(s) of Record	\$0	✓	✗
<input type="checkbox"/>	Lot Line Revision(s)	\$60	✓	✗
<input type="checkbox"/>	Cemetery Subdivision	\$45	✓	✗
<input type="checkbox"/>	Vacation of Plat	\$150 base fee & \$100 per lot	Ask Agent	
<input type="checkbox"/>	Request for Exception or Appeal of Agent's Decision	\$100 base fee & \$100 per lot	Ask Agent	
Number of copies of the plat required for submittal:		If Health Dept. review not required:	Minimum of 3	Preliminary review: minimum of 10
<i>(If you want a plat with original signatures for your records, please submit more than the required minimum number of plats)</i>		If Health Dept. review required:	Minimum of 5	Final review: minimum of 6
*The Planning Commission (PC) meets on the 3 rd Tuesday of each month. Plats that need to be reviewed by them must be submitted to our office no later than 4:00 p.m. on the 2 nd Tuesday of the month in order to be placed on the agenda.				
CONTACT INFORMATION (Owner's information must be provided – phone number or email address)				
	APPLICANT/OWNER AGENT	OWNER	OWNER	
Name:				
Phone #:				
Email:				
Who to contact:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OFFICE USE ONLY	Date received:		# of copies received:	
	Delivered by:			
<input type="checkbox"/> VDOT Review	<input type="checkbox"/> E911 Review	<input type="checkbox"/> Health Department Review (3 plats go to Health Dept.)		Keep
		Date contact notified plats ready for HD: _____		Fee Due <input type="checkbox"/> \$ _____
		Date plats picked up to be taken to HD : _____ By: _____		
		Date plats returned from HD: _____		
				Copies
				<input type="checkbox"/> Paid in Full
Who was contacted		Date Contacted	Date Picked Up & Person Who Picked Up Plats	
NOTES:				