



COUNTY OF YORK
Department of Planning and
Development Services

Meeting Date: _____

PRE-APPLICATION REVIEW
Submittal Form

PROJECT: _____

PROPERTY STREET ADDRESS(ES): _____

BRIEF NARRATIVE: _____

- 2 Folded Paper Copies of Plan (70-80% Engineered Plans / Incomplete Plans Will Not be Accepted)
- CD/Thumb Drive Included – (**ADOBE.pdf format**) of plans and stormwater calculations plus any other documents and attachments needed
- 2 Paper Sets of Any Documents/Attachments (Stormwater Calculations Must be Included with Submittal)

NOTICE OF CONSENT, COPYRIGHT: Notwithstanding any copyright notice contained on any plat, plan or other submitted document to the contrary, submission of this application constitutes consent to copy and release to any third party any plat, plan or other submitted document for the purposes of making copies for review purposes by outside agencies/departments, for responses to requests under the Virginia Freedom of Information Act, and for placement on the County website, unless the box below is checked:

- Documents containing notices of federal copyright shall not be copied.

APPLICANT / DEVELOPER / OWNER

(Print)

Contact Person _____

Company Name _____

Address _____

Phone Number _____

Fax Number _____

e-mail _____

ENGINEER / SURVEYOR/ ARCHITECT

(Print)

Contact Person _____

Company Name _____

Address _____

Phone Number _____

Fax Number _____

e-mail _____