



APPLICATION

CDD DEVELOPMENT CONCEPT PLAN

CDD # _____

[must use black ink or type]

PROPERTY LOCATION: _____

TAX MAP REFERENCE: _____ **ZONE:** _____

APPLICANT'S NAME: _____

ADDRESS: _____

PROPERTY OWNER NAME: _____

ADDRESS: _____

REQUEST: _____

THE UNDERSIGNED hereby applies for CDD Development Concept Plan approval in accordance with the provisions of Section 5-600 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article XI, Section 11-301(B) of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Planning Commission or City Council in the course of public hearings on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Print Name of Applicant or Agent

Signature

Telephone #

Fax #

Mailing/Street Address

Email address

DO NOT WRITE IN THIS SPACE OFFICE USE ONLY

Application Received: _____

Date and Fee Paid: _____ \$ _____

ACTION - PLANNING COMMISSION: _____

ACTION - CITY COUNCIL _____