



**BEDFORD COUNTY
PLAN REVIEW APPLICATION
(PLEASE PRINT INFORMATION)**

PARCEL INFORMATION:

Tax Map #: _____
Subdivision: _____
Section: _____ Lot _____
Street Address: _____

ZONING: (to be completed by Staff)

Parcel ID#: _____
Zoning District: _____
Magisterial District: _____
Election District: _____

LAND OWNER INFORMATION:

Name: _____
Address: _____
Phone #: _____
Mobile #: _____

APPLICANT INFORMATION:

Name: _____
Company: _____
Address : _____
Phone# : _____
Mobile#: _____

Description of work:

ITEMS TO BE SUBMITTED WITH APPLICATION:

Residential:

One set of plans _____

Sewer: Public Septic Private

Water: Public Well Private

Basement _____

Crawl Space _____

Slab _____

Power Co:

AEP Rke: _____

AEP Lbg: _____

Southside: _____

Bedford City: _____

Commercial:

Two sets of plans _____

Plan Review Fee (fee schedule)

0-50,000 SF.....\$50.00

50,001-150,000 SF.....\$100.00

150,001 & over.....\$200.00

Name of Company/Business:

Office Use Only

Received by: _____ Date Received: _____
Project# _____ Land Disturbing# _____ Zoning# _____
Plan# _____