



TECHNICAL REVIEW TEAM

Every Second Wednesday
10:00 am - 12:00 pm

Our Agenda Is Set Two
Weeks In Advance
Shenandoahcountyva.us/TRT

INFORMATION SHEET

PROJECT NAME: _____ **Contact Name:** _____

Rezoning **SUP** **Size:** _____ acre sqft **Phone:** _____ **Email:** _____

Parcel Number(s): _____ **Current Zoning:** _____ **Current Use:** _____ **Parcel Address / Location:** _____
Please note that we can only review one project location at a time. The additional lines are for project covering multiple parcels.

Proposed Use Description

Use/Zoning Applied For: _____

Please Describe The Proposed Use: _____

Hours Of Operation: _____

Parking Spots: _____ Paved Gravel Other: _____ **Number Of Restrooms:** _____
(This Requires VDH Approval)

Current Water And Sewer Facilities: _____

Proposed Water And Sewer Facilities: _____

Space For Emergency Vehicles To Turn Around: Y / N **Fire Safety Equipment:** _____
(Fire Extinguisher, Fire Alarm, Sprinkler, Etc.)

New Buildings: Y / N **New Impervious Surface:** _____ SQFT

Additional Relevant Information: _____

CONCEPTUAL SITE PLAN

While a site plan is not required for TRT, the more information we can provide the relevant agencies will lead to more detailed discussions and recommendations. Please draw and label a conceptual site plan below or attach one to this form. Aspects to include: Existing and proposed structures, roads, entrances, fences/walls, signs, lighting, landscaping/planting screens, major excavations, the outline of the parcel(s), zoning setbacks, and easements.



OFFICE USE ONLY

TRT#: _____ Rezoning SUP Date Received: _____

Staff Determination Of Use: _____

Next Steps After TRT: _____

Comments From TRT: _____

Staff Contact: _____

Date Reviewed: _____