COUNTY OF ROCKBRIDGE
APPLICATION FOR REAP
ROCKBRIDGE EASEMENT AGREEMENT PROGRAM

MAGISTERIAL DISTRICT_____ ZONE_____ DATE_____

1. Land Owner's Name:_____

2. Address:_____

3. Phone Number:(work)_____ (home)_____

4. Tax Map:_____

5. Location of Property:_____

6 Description of Proposal: _____

_____

7. Is Property in Land Use: yes_____ no_____

_____
Signature of Land Owner

Meeting Dates: Farm and Forest Comm. _____
Planning Commission _____
Board of Supervisors _____

Date of Final Approval/Disapproval_____ _____
Administrator

Special Conditions:

_____

_____

_____

_____