

**Department of Public Utilities
County of Henrico, Virginia**

**UTILITIES INFORMATION SHEET FOR LEGAL AGREEMENT
FOR COUNTY: _____ WATER _____ SEWER
(Please type or Print)**

1. **NAME OF PROJECT:** _____

2. **AGENT'S NAME:** _____ Phone () _____
Address: _____ Zip _____
Fax # _____ Email _____

3. **PROPERTY OWNER:** _____ Phone () _____
Address: _____ Zip _____

4. **ATTACH COPY OF DEED (DEED BOOK & PAGE NO. SHALL BE CLEARLY SHOWN)**

5. **PROPERTY IDENTIFICATION (AS SHOWN ON COUNTY PROPERTY IDENTIFICATION MAPS)**

6. **ENCLOSE SEVEN (7) COPIES OF THE PROPERTY BOUNDARY DRAWING, NO LARGER THAN 24" BY 16"**

7. **ACREAGE:** _____ acres

8. **IF ONLY A PART OF THE ACREAGE IN NO. 7 WILL BE DEVELOPED AT THIS TIME THEN _____ACRES WILL BE DEVELOPED AS PHASE _____ OR SECTION _____.**

9. **MAGISTERIAL DISTRICT:** (Circle One)
Brookland Fairfield Three Chopt Tuckahoe Varina

10. **THE FOLLOWING WILL BE CONSTRUCTED:**

<p style="text-align: center;">RESIDENTIAL:</p> <p>_____ Single Family: _____ # Subdivision Lots on _____ acres will be developed as follows: Lot No. _____ thru _____ inclusive, Block _____; Lot No. _____ thru _____ inclusive, Block _____; Lot No. _____ thru _____ inclusive, Block _____;</p>	<p style="text-align: center;">RESIDENTIAL:</p> <p>_____ Multi-Family: _____ Townhouse, # lots _____ _____ Condominium _____ # of structure _____ units per structure _____ Apartments _____ total units, _____ clubhouse</p>
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<p style="text-align: center;">COMMERCIAL:</p> <p>_____ Office, type _____ _____ Restaurant</p>	<p style="text-align: center;">COMMERCIAL:</p> <p>_____ Hospital _____ # beds _____ Nursing homes _____ # beds</p>
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_____ Motel/Hotel _____ Dormitories _____ # beds
 _____ # rooms _____ Other _____
 _____ restaurant
 _____ manager's apt.

INDUSTRIAL:

Describe the type of industrial: _____

Will there be **manufacturing**? If so specify: _____

11. If this is a nursing home or dormitory include the following:

Is this a facility providing permanent housing for elderly or handicapped persons and operated by charitable, nonstock, nonprofit organizations which are exempted by section 501(c)(3) of the Internal Revenue Code? If so, provide a copy of that documentation and approval by the Internal Revenue Service.

_____ # dwelling units

12. SIGNATURE PAGE INFORMATION:

(Submit a copy of your signature page and notary clauses)

A. Specify the business type, (ex. corporation, limited partnership, general partnership, limited liability company) _____

B. State the names and titles of the legally authorized persons to sign the agreements below:

Name	Title
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If corporation state the attesting name and title

Name	Title
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C. This business was organized in the State of _____ .

D. Is this business authorized to do business in the State of Virginia? _____ Yes _____ No

13. PLEASE MAIL THIS AGREEMENT TO THE ADDRESS BELOW:

14. ***I certify that the above information is true and correct.***

Signed: _____ (Owner/Agent) Date: _____

Faxed or emailed information sheets will not be accepted.

For questions please contact: Amy Jo W. Seal at (804) 501-4993, or email to sea05@co.henrico.va.us

Submit completed application with the required attachments to:

Henrico County
 Department of Public Utilities
 P.O. Box 27032
 Richmond, VA 23273-7032