

**FAMILY  
SUBDIVISION PLAT  
APPLICATION**



January 1, 2016

**Beginning July 1, 2012, per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017.**

**Stafford County Department of Planning & Zoning**

**1300 Courthouse Road  
P.O. Box 339  
Stafford, VA 22555-0339**

**Phone: (540) 658-8668  
Fax: (540) 658-6824**

**[www.staffordcountyva.gov](http://www.staffordcountyva.gov)**

## **Family Subdivision Plat Submittal and Approval Process**

1. Once a completed application has been submitted to the CDSC/Permit Center, the fees are verified and the application is logged into our computer system.
2. The plats are routed to all appropriate reviewers and State Agencies.
3. A review time deadline is assigned and an email notification will be sent to the applicant and plat preparer.
4. The plat preparer has two reviews to address all County comments. If comments are not addressed, a 3rd review fee will be required prior to resubmission.
5. All appropriate departments plat review and comments can be viewed on the Integrated Web Response System (IWR) at **<http://hello.stafford.va.us>**.
6. If a street name is required by plat comments, the applicant/owner is responsible for installing the street sign in accordance with County Standards. The details and requirements can be obtained from the Office of Transportation, Department of Public Works website.
7. Once all comments are addressed, the plats can be signed and recorded. Submit **TEN (10)** sets of the plats, which contain all **original signatures of the OSE, plat preparer, and the owners with proper notarization for recordation**. Fees are required for recordation and Payable to the **Clerk of the Court**.

## Application Submittal Checklist

- Completed **“Project Information & Primary Contacts”** form with description of project:  
Description & Location of Project: Final Subd Plat for 31 lots, on a min of 3 acres served by well and septic, located south of Smith St and approx. 1,000 ft east of Jones Dr
- Completed **“Family Subdivision Plat Review Fee Calculation”** sheet and appropriate fees payable to “County of Stafford” **including 2.75% TECHNOLOGY FEE.**
- Signed **“Statements of Understanding”** from the owner(s) and applicant
- Signed **“Affidavit of Eligibility”** from Grantee
- Completed **“Family Subdivision Plat Checklist”**, signed by the plat preparer
- Six (6) 17”x 21” sets of plats
- Two (2) copies of the soils report and drainfield plat prepared by a licensed On-Site Soil Evaluator (OSE) for each lot not being served by public sewer
- Electronically formatted computer file containing all information shown on the final plat. The computer file shall conform to standards as determined by the Geographic Information System office for program compatibility. Formatting requirements are available through the Stafford County web page.

**Effective 5/21/14, all plats not approved prior to 5/21/14 are subject to a county-wide transportation impact fee. The following note is required on all approved plats:**

**In accordance with Stafford County Code Chapter 13.5, all dwelling units shall be subject to a Transportation Impact Fee and shall be payable upon the issuance of a building permit.**

RECEIVED:  DATE: _____ INITIALS _____	OFFICIALLY SUBMITTED:  DATE: _____ INITIALS _____
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**Project Information & Primary Contacts**  
**FAMILY SUBDIVISION**

<b><u>PROJECT INFORMATION</u></b>		<b><u>PROJECT #</u></b> _____
PROJECT NAME	_____	SECTION
ADDRESS (IF AVAILABLE)	_____	TOTAL SITE ACREAGE
TAX MAP /PARCEL(S)	ELECTION DISTRICT	ZONING DISTRICT
DESCRIPTION AND LOCATION OF PROJECT:		
_____		
_____		
_____		

<b><u>APPLICANT/AGENT</u></b>	Primary Contact Person <input type="checkbox"/>		
NAME	COMPANY		
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

<b><u>OWNER (Provide attachments if multiple owners)</u></b>	Primary Contact Person <input type="checkbox"/>		
NAME	COMPANY		
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

<b><u>PROFESSIONAL (Engineer, Surveyor, etc.)</u></b>	Primary Contact Person <input type="checkbox"/>		
NAME	COMPANY		
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

**FAMILY SUBDIVISION PLAT**  
**Review Fee Calculation**

\*\*\* Total application fee includes ONLY the 1st & 2nd Reviews

\*\*\*Total application fee is for the administrative process and review of this application, and does not constitute an approval of the Family Subdivision Plat.

A. Base Fee	\$ <u>1,150.00</u>
B. I.T. Review Fee: (Total ____ number of lots) x \$20.00 =	\$ _____ .00
C. Utilities Review Fee (if COUNTY water/sewer)	\$ <u>180.00</u>

**SUBTOTAL** \$ \_\_\_\_\_ .00

**Per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017.**

+ 2.75%	\$ _____
	Do not round
<b>GRAND TOTAL</b>	\$ _____

**All 3<sup>rd</sup> and subsequent Review Fees are as follows:**

Planning & Zoning	(\$550.00)
Utilities	(\$95.00)

**Per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017.**

THE ABOVE FEES ARE TO BE MADE PAYABLE TO: **COUNTY OF STAFFORD**

**Statements of Understanding**

I, as owner/co-owner of the property subject to this application, do hereby certify that I have read and understood the requirements of this submission of Family Subdivision Plat for review and approval as provided under the Subdivision Ordinance, Chapter 22 of the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this project is located.

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Signature of Owner/Co-Owner	Printed Name	Date
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Signature of Owner/Co-Owner	Printed Name	Date
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Signature of Owner/Co-Owner	Printed Name	Date
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I, as applicant or agent for the owner(s) of the property subject to this application, do hereby certify that I have submitted this application for Family Subdivision Plat for review and approval as provided under the Subdivision Ordinance, Chapter 22 of the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this subdivision is located.

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Signature of Applicant/Agent	Printed Name	Date
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Family Subdivision Plat

AFFIDAVIT OF ELIGIBILITY

I, \_\_\_\_\_, am (indicate the relationship) a natural or legally defined offspring, stepchild, spouse, family member's spouse, sibling, grandchild, grandparent or parent of \_\_\_\_\_, the owner of property to be subdivided pursuant to the family subdivision provisions of Section 22-5(a) of the Stafford County Code, and I hereby certify that the application for family subdivision filed by me or on my behalf complies with all legal requirements.

\_\_\_\_\_  
Grantee's Signature

**COMMONWEALTH OF VIRGINIA  
COUNTY OF STAFFORD: to-wit:**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (Day)

\_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_.  
(Month) (Year)

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

# FAMILY SUBDIVISION PLAT CHECKLIST

Completed	N/A	<b>FAMILY SUBDIVISION PLAT</b>
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.9 & 10 EASEMENT WIDTH
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.9 RD FRONTAGE/ESMT < 5 ACRES
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.10 RD FRONTAGE/ESMT ≥ 5 ACRES
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.11 RESIDUE NOTE
<input type="checkbox"/>	<input type="checkbox"/>	22-5.12 NON EXCL ESMT CONCURRENC
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.15 GNRL PROP CORN MNMNTS
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 SURVEYOR CERTIFICATE
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 NO BLD BRL STATEMENT
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 EX ESMTS & LR#
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 FLOODPLAIN LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 TOTAL ACREAGE
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 OWNER'S CONSENT
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 ASSESSOR'S PARCEL REF
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 AGENTS APPROVAL BLOCK
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 STMNT OF SUBSEC SUBD
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 REF TO PARENT PARCEL
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.17.a-c ESMT STATEMENT & NOTES

Completed	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	22-143 5:1 SHAPE RATIO/ELONGATION
<input type="checkbox"/>	<input type="checkbox"/>	22-144 LOT FRONTAGE
<input type="checkbox"/>	<input type="checkbox"/>	22-145 CORNER LOTS
<input type="checkbox"/>	<input type="checkbox"/>	22-146 SIDE LOT LINES
<input type="checkbox"/>	<input type="checkbox"/>	22-147 OUTLOTS NOT PERMITTED
<input type="checkbox"/>	<input type="checkbox"/>	22-149 DOUBLE FRONTAGE
<input type="checkbox"/>	<input type="checkbox"/>	22-151 REVERSE FRONTAGE OR SHARED D/W
<b>28. OTHER INFO REQUIRED</b>		
<input type="checkbox"/>	<input type="checkbox"/>	28-35 TABLE 3.1
<input type="checkbox"/>	<input type="checkbox"/>	28-38 PERFORMANCE REGULATIONS
<input type="checkbox"/>	<input type="checkbox"/>	28-39 LOCATION EXISTING ITEMS
<input type="checkbox"/>	<input type="checkbox"/>	28-39.O LOCATION OF CEMETERIES
<input type="checkbox"/>	<input type="checkbox"/>	28-62 CRPA

**22. OTHER INFO REQUIRED**

<input type="checkbox"/>	<input type="checkbox"/>	22-42 ZONING ORD/PROFFER COMPLIANCE
<input type="checkbox"/>	<input type="checkbox"/>	22-118 APPROVED WATER & SEWER
<input type="checkbox"/>	<input type="checkbox"/>	22-118.1 URBAN SERVICE AREA
<input type="checkbox"/>	<input type="checkbox"/>	22-142 LOT SIZE
<input type="checkbox"/>	<input type="checkbox"/>	22-87 E.11 PRIVATE WELL NOTE
<input type="checkbox"/>	<input type="checkbox"/>	22-87 E.12 OSE STATEMENT/HEALTH NOTES
<input type="checkbox"/>	<input type="checkbox"/>	22-87 E.13 KEY MAP 1"=400'
<input type="checkbox"/>	<input type="checkbox"/>	22-87 E.14 GIS DXF

**FILING**

<input type="checkbox"/>	<input type="checkbox"/>	22-86.A TEN COPIES OF PLATS
<input type="checkbox"/>	<input type="checkbox"/>	2 COPIES OSE SOIL REPORT PKG(S)
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.8 NOTARIZED AFFIDAVIT FOR EACH GRANTEE

**SURVEYOR'S CERTIFICATION OF PLAT COMPLETION:**

I, \_\_\_\_\_, duly licensed/certified in the Commonwealth of Virginia, do hereby certify that the plat submitted with this checklist conforms to the requirements of the Stafford County Code. I further certify that the above checklist is both complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Certification

CLERK'S OFFICE  
**Stafford County Circuit Court**

MICHAEL E. LEVY  
*Resident Judge*  
CHARLES S. SHARP  
*Resident Judge*  
VICTORIA A. B. WILLIS  
*Resident Judge*

P.O. BOX 69  
STAFFORD, VIRGINIA 22555  
(540) 658-8750

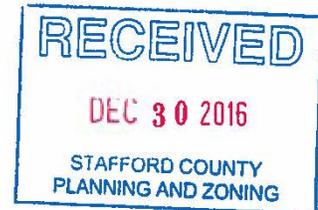
KATHLEEN M. STERNE  
*Clerk of Court*

DAWN E. CRISP  
*Chief Deputy*



December 27, 2016

Stafford County  
Planning and Zoning  
PO Box 339  
Stafford, VA 22555



Attn: Jeff Harvey

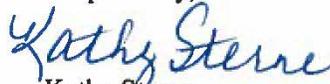
RE: Recording of Plats

Dear Mr. Harvey:

As per our discussion in regard to the State Standards for Recorded Instruments with LeaAnn Ennis and Andrea Hornung, we have determined from plats that have been previously recorded in our land records, the shaded areas on the documents, once scanned, are appearing black and non-readable. This is not beneficial to any parties involved. Any future patrons or title examiners looking for the information recorded on such document will not be able to use the document, if in fact, they need the information where it has blackened out.

One of the duties of the Clerk of Court is to preserve and protect the history of Stafford's records. I would like to think that would be everyone's goal. With that said, I understand that your office works very hard to manage the wealth of information that comes through your office, so with your help in heading off these plats with the shading, we would like to set the date of January 15, 2017 as a date in which we will no longer take plats with shading that when imaged, produce blackened areas where the shading is.

Thank you in advance for all your help, and I apologize for any inconvenience this causes your office.

Respectfully,  
  
Kathy Sterne  
Clerk of Court