

RESIDENTIAL MINOR SUBDIVISION PLAT & PLAT REVISION

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

Residential Minor Plat Submittal and Approval Process

1. Once a complete application has been submitted to the CDSC/Permit Center, the application and fees are verified, logged and a project number is assigned.
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 plat resubmission.
5. Any plat showing dedication of public right of way or easements must be accompanied by a deed of dedication, a completed property ownership title report (dated within 90 days), and a deed checklist.
6. Once the deeds are in appropriate form and staff has determined that all review 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.**
7. All appropriate departments plat review and comments can be viewed on the Integrated Web Response System (IWR) at <http://hello.stafford.va.us>.

Application Submittal Checklist

- Completed **“Project Information & Primary Contacts”** form with description of project: Example: 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 **“Residential Minor Subdivision Plat Review Fee Calculation”** sheet and appropriate fees payable to “County of Stafford” **including the 2.75% TECHNOLOGY FEE.**
- Signed **“Statements of Understanding”** from the owner(s) and applicant
- Completed **“Residential Minor Subdivision Plat Checklist”**, signed by the plat preparer
- TEN (10) 17”x 21” sets of plats
- Two (2) copies of the soils report and drainfield plat prepared by a licensed On-Site Soil valuator (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.
- One (1) Key Map at a scale of 1”=400’ and shall include parcel/lot boundary lines, lot numbers, street names, subdivision name and section number (within boundary) and address (if assigned). This may be submitted as a separate sheet, no smaller than 8.5x11 and is not required to be a part of the plat.

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 _____

Project Information & Primary Contacts
MINOR SUBDIVISION

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

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

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

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

RESIDENTIAL MINOR 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 Residential Minor Subdivision Plat.

A. Base Fee	\$ <u>1,500.00</u>
B. Lot Fee (_____ Lots) x (\$125/Lot)	\$ _____ .00
C. I.T. Review Fee: (Total ____ number of lots) x \$34.00 =	\$ _____ .00
D. Utilities Review Fee (if COUNTY water/sewer)	\$ <u>220.00</u>
E. Transportation Review Fee	\$ <u>310.00</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
GRAND TOTAL	\$ _____

All 3rd and subsequent Review Fees are as follows:

Planning & Zoning	(\$600.00 +\$65.00/lot)	
Transportation	(\$100.00)	
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.

*** Revisions/Correction - Base Fee Only	\$ <u>900.00</u>
(No other fees required in revisions/corrections, except technical fee)	24.75

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.

	\$ <u>924.75</u>
GRAND TOTAL	\$ <u>924.75</u>

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 Residential Minor 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.

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 Residential Minor 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.

Signature of Applicant/Agent	Printed Name	Date
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RESIDENTIAL MINOR SUBDIVISION PLAT CHECKLIST

Completed	N/A	CONTENT	Completed	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	22-87.A GRAPHIC SCALE: 1"=100'	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.7 DEDICATIONS, INCLUDING ESMTS
<input type="checkbox"/>	<input type="checkbox"/>	22-87.A NORTH ARROW	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.8 EASEMENT WIDTH
<input type="checkbox"/>	<input type="checkbox"/>	22-87.A SHEET SIZE: 17" X 21"	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.8 EASEMENT LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	22-87.B KEY PLAN & MATCH LINES	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.8 EASEMENT OWNERSHIP
<input type="checkbox"/>	<input type="checkbox"/>	22-87.C BOUNDARY SURVEY/GEODET	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.8 EASEMENTS USE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.D CURVE DATA/TABLE	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.8 VDOT EASEMENT NOTE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.1 VIC.MAP/1"=2,460'	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.9.A CERTIFICATE TITLE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.1. SUBDIVISION NAME	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.9.A NAME/ADRS PLATPREP
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.1 DATE,INCL REVISIONS	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.9.B SURVEYORS CERTIFIC
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.1 NAME/ADDRESS OWNER	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.9.C OWNRS CONSNT& DED STMT
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.1 NAME/ADDRESS SUBDR	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.9.D CERTIFICATE APRVL
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.1 TOTAL ACRES OF PARENT PCL	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.9.D. AGENT SIGNATURE BLOCK
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.1 ZONING	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.9.D. HEALTH DEPT SIGNATURE BLOCK
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.2 ACREAGE/OPEN SPACE	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.9.D. VDOT SIGNATURE BLOCK
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.2 AREA OF EACH LOT	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.10 ADDRESS OF EACH LOT
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.2 ASSESSOR'S PARCEL NO	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.11 PRIVATE WELL NOTE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.2 LOT BEARING/DISTANCE	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.12. OSE NOTES
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.2 LOT TABULATION	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.2 NUMBERED CONSECUTIVELY	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.12.B HEALTH DEPT NOTE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.2 NUMBER OF LOTS	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.14 DXF/COMP DISK
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.2 SECTION NUMBER	<input type="checkbox"/>	<input type="checkbox"/>	22-67 MATCH PRELIM/TECH CHANGE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.3 FLOOD PLAIN BOUNDARY	<input type="checkbox"/>	<input type="checkbox"/>	22-108 RESTRICTED ACCESS ENTRANCES
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.4 GPS BEARING WHEN REQ	<input type="checkbox"/>	<input type="checkbox"/>	22-118 UTILITIES
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.4 GPS NOTES	<input type="checkbox"/>	<input type="checkbox"/>	22-118.1 URBAN SERV AREA/SEWER
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.4 TWO CNTRL MNMNTS/PLAT	<input type="checkbox"/>	<input type="checkbox"/>	22-118.4 &5 ONSITE WATER & SEWER
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.A LR# OR ROUTE # OF ST.	<input type="checkbox"/>	<input type="checkbox"/>	22-141 PRE-EXISTING LOTS
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.A EXISTING STREETS	<input type="checkbox"/>	<input type="checkbox"/>	22-142 LOT SIZE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.A EXISTG STREET LOCATION	<input type="checkbox"/>	<input type="checkbox"/>	22-143 5:1 SHAPE RATIO/ELONGATED
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.A EXISTG STREET DIMENSION	<input type="checkbox"/>	<input type="checkbox"/>	22-144 LOT FRONTAGE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.A PROPOSED STREETS	<input type="checkbox"/>	<input type="checkbox"/>	22-145 CORNER LOT (ZONING 28-38)
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.A STREET NAMES	<input type="checkbox"/>	<input type="checkbox"/>	22-146 SIDE LOT LINES
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.B TEMP CUL-DE-SAC	<input type="checkbox"/>	<input type="checkbox"/>	22-147 OUT LOTS NOT PERMITTED
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.C PAE NOTES	<input type="checkbox"/>	<input type="checkbox"/>	22-148 SEPARATE OWNERSHIP
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.C VDOT EASEMENT NOTE	<input type="checkbox"/>	<input type="checkbox"/>	22-149 DOUBLE FRONTAGE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.C.1 LOTS SRVD BY PAE	<input type="checkbox"/>	<input type="checkbox"/>	22-151 REVERSE FRONTAGE OR SHARED D/W
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.C.2 PC APRVL DAT/PAE	<input type="checkbox"/>	<input type="checkbox"/>	22-152.A SWM REQ IN OPEN SPACE
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.C.3 INELIGIBLE/VDOT	<input type="checkbox"/>	<input type="checkbox"/>	22-152.B FACILITY REQ STM DRN ESMT
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.C.3 PAE MAINT NOTE	<input type="checkbox"/>	<input type="checkbox"/>	22-152.C SWM ACCESS/EASM
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.5.E PRMY HWY ROW NOTE	<input type="checkbox"/>	<input type="checkbox"/>	22-153 LOT REQ FOR BUFFERS
<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.6 RESTRICTIONS REFERENCED	<input type="checkbox"/>	<input type="checkbox"/>	22-156 BLOCK LENGTH

Completed	N/A	FAMILY SUBDIVISION PLAT	Completed	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	22-157 BLOCK WIDTH	<input type="checkbox"/>	<input type="checkbox"/>	28-35 TABLE 3.1 LOT WIDTH/AREA
<input type="checkbox"/>	<input type="checkbox"/>	22-158 BLOCK ORIENTATION	<input type="checkbox"/>	<input type="checkbox"/>	28-38 PERFORMANCE REGULATIONS
<input type="checkbox"/>	<input type="checkbox"/>	22-167 ROW DEDICATION	<input type="checkbox"/>	<input type="checkbox"/>	28-39.I.34 LOC EXISTING ITEMS
<input type="checkbox"/>	<input type="checkbox"/>	22-177 TH ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	28-39.O LOC OF CEMETERIES
<input type="checkbox"/>	<input type="checkbox"/>	22-179 STREET DEDICATION TO PUBLIC USE	<input type="checkbox"/>	<input type="checkbox"/>	28-62 CRPA
<input type="checkbox"/>	<input type="checkbox"/>	22-186 VDOT STANDARDS SERVING 3 OR >			
<input type="checkbox"/>	<input type="checkbox"/>	22-187 STREET CONTINUATION			
<input type="checkbox"/>	<input type="checkbox"/>	22-187 STREET ALIGNMENT			
<input type="checkbox"/>	<input type="checkbox"/>	22-188 STREET ANGLE			
<input type="checkbox"/>	<input type="checkbox"/>	22-189 STREET HALF/CENTER LINE			
<input type="checkbox"/>	<input type="checkbox"/>	22-190 STREET ACCESS CONNECTIONS			
<input type="checkbox"/>	<input type="checkbox"/>	22-191.A # LOTS/LENGTH CUL-DE-SAC	<input type="checkbox"/>	<input type="checkbox"/>	FILING
<input type="checkbox"/>	<input type="checkbox"/>	22-191.B. TEMPORARY CUL-DE-SAC	<input type="checkbox"/>	<input type="checkbox"/>	22-86.A TEN COPIES OF PLATS
<input type="checkbox"/>	<input type="checkbox"/>	22-212 MIN WIDTH ROW	<input type="checkbox"/>	<input type="checkbox"/>	2 COPIES OSE SOIL REPORTS
<input type="checkbox"/>	<input type="checkbox"/>	22-213 STREET NAMES	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.13 KEY MAP 1"=400'
<input type="checkbox"/>	<input type="checkbox"/>	22-217 SHARED D/W NOTE	<input type="checkbox"/>	<input type="checkbox"/>	22-87.E.14 DXF FORMAT FILE
			<input type="checkbox"/>	<input type="checkbox"/>	SWM PLAN NOTE
REQUIRED MONUMENTS					
<input type="checkbox"/>	<input type="checkbox"/>	22-132.A PROP CRNRS SET BY LS			
<input type="checkbox"/>	<input type="checkbox"/>	22-132.B. CNTRL MONUMENT ESMT			
<input type="checkbox"/>	<input type="checkbox"/>	22-132.B.4 CONTROL MONUMENTS			
<input type="checkbox"/>	<input type="checkbox"/>	22-132.B.5 EXIST MONUMENT USE			

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

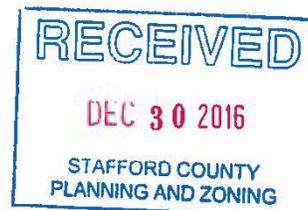
Stafford County Circuit Court

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