

PRELIMINARY SUBDIVISION PLAN

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

Preliminary Subdivision Plan Submittal and Approval Process

1. Schedule a preliminary conference with a planner to discuss the plan.
2. Submittal deadline is 4:30 PM on the 1st and 3rd Monday of every month (refer to TRC schedule dates).
3. 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.
4. The plan is initially reviewed and discussed with the applicant and/or engineer at the semi-monthly Technical Review Committee (TRC) meeting per section 22-61, held on the 2nd and 4th Wednesday of each month (as indicated on TRC schedule). All County departments plan review and comments can be viewed on the Integrated Web Response System (IWR) at [**http://hello.stafford.va.us**](http://hello.stafford.va.us).
5. The engineer/surveyor makes changes to the plan requested at TRC. The applicant resubmits plans for every outstanding review plus one (1) for the file for a second review with a comment response letter listing and addressing each outstanding comment. Changes to the plans shall be submitted within 120 days of last County comments received per Sec. 22-60.
6. The plan 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.
7. After plans are reviewed and it is determined by staff that all comments are addressed, submit SIX (6) full sets of the plan for signature, seven (7) full sets for PC mail out with staff report, and one (1) pdf 8.5" X 11" overall emailed to the planner for the staff report. The plan will then be scheduled for the next available Planning Commission Meeting.
8. Representatives of the application attend the Planning Commission meeting. The Planning Commission must advise the applicant of its decision to approve or deny the preliminary plan within ninety (90) days per Sec. 22-63.
9. Approved copies of the plan shall be picked up by the applicant and remaining copies are distributed by staff to appropriate agencies.
10. Refer to Section 22-6, Vesting of rights, of the Subdivision Ordinance, pertaining to the vesting of the approved preliminary subdivision plan.

Application Submittal Checklist

- Completed **“Project Information & Primary Contacts”** form
- Completed **“Detailed Project Description”** 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 **“Preliminary Subdivision Plan 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
- Completed list of **“Certification of Notice to Adjoining Property Owners”**
- Certified Mail Receipts** of Adjacent Property Owners letters per Sec. 22-57 of the Subdivision Ordinance
- Completed **“Preliminary Subdivision Checklist”**, signed by the engineer who prepared the plan
- Twelve (12) 24”x 36” sets of plan
- Four (4) 11”x 17” sets of plan
- PDF of overall plan
- 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
- All County Projects require a journal entry form at time of plan submission

RECEIVED: DATE: _____ INITIALS _____	OFFICIALLY SUBMITTED: DATE: _____ INITIALS _____
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Project Information & Primary Contacts
PRELIMINARY 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</u> (Provide attachments if multiple owners)		Primary Contact Person <input type="checkbox"/>	
_____		_____	
NAME		COMPANY	
_____		_____	
ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
_____	_____	_____	

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

Detailed Project Description

CLEARLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PROJECT:

REQUIRED CALCULATIONS

_____ # of Lots
_____ # of SWM Facilities

INFRASTRUCTURE INFORMATION

- Well Water
- Septic Sewer
- Public Streets
- Private Streets

Are/were there any **CONDITIONS** associated with this application?

Please provide Project Application Number:

- | | | |
|------------------------------------|---------------------------------------|-----------------------------|
| Conditional Use Permit(s) | <input type="checkbox"/> YES, # _____ | <input type="checkbox"/> NO |
| Resolution(s) | <input type="checkbox"/> YES, # _____ | <input type="checkbox"/> NO |
| Rezoning(s) | <input type="checkbox"/> YES, # _____ | <input type="checkbox"/> NO |
| Ordinance(s)/Proffers | <input type="checkbox"/> YES, # _____ | <input type="checkbox"/> NO |
| Zoning Appeal(s), Variance(s) | <input type="checkbox"/> YES, # _____ | <input type="checkbox"/> NO |
| Special Exception(s) | <input type="checkbox"/> YES, # _____ | <input type="checkbox"/> NO |
| Waiver(s), Appeal(s), Exception(s) | <input type="checkbox"/> YES, # _____ | <input type="checkbox"/> NO |

PRELIMINARY SUBDIVISION PLAN
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 Preliminary Subdivision Plan.

A. Base Fee		<u>\$ 8,250.00</u>
B. Lot Fee		
(_____ Lots) x (\$125/Lot)		<u>\$.00</u>
C. Lot Fire Fee		
1 - 5 lots (\$75.00)		<u>\$.00</u>
6 - 30 lots (\$100.00)		<u>\$.00</u>
31 - 100 lots (\$175.00)		<u>\$.00</u>
101 - 300 lots (\$275.00)		<u>\$.00</u>
≥ 301 lots \$275 + (\$1.50/lot over 301 lots)		<u>\$.00</u>
D. Stormwater Management / E&S Review Fee		<u>\$ 1,200.00</u>
E. Utilities Review Fee (if water/sewer) (\$550.00)		<u>\$.00</u>
F. Transportation Review Fee		<u>\$ 450.00</u>
SUBTOTAL		<u>\$.00</u>

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%	<u>\$ _____</u>
	Do not round
GRAND TOTAL	<u>\$ _____</u>

All 3rd and subsequent Review Fees are as follows:

Planning & Zoning	(\$3,200.00)	Transportation	(\$160.00)
SWM / E&S	(\$600.00)	Fire & Rescue	(\$125.00)
Utilities	(\$180.00)		

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 Preliminary Subdivision Plan 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 preliminary subdivision plans 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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Certification of Notice to Adjoining Property Owners

In accordance with the policies of the Stafford County Department of Planning and Zoning, attached are the postmarked certified mail receipts that will serve as proof of notification of the adjacent property owners.

Signature of Applicant/Agent

Printed Name

Date

Listed below are the names and addresses of the adjoining property owners notified.

Provide additional pages if needed.

TAX MAP / PARCEL	NAME	
ADDRESS		
CITY	STATE	ZIP

TAX MAP / PARCEL	NAME	
ADDRESS		
CITY	STATE	ZIP

TAX MAP / PARCEL	NAME	
ADDRESS		
CITY	STATE	ZIP

Notification Letter to Adjoining Property Owners

Date _____

Dear _____,

This is to notify you that a Preliminary Subdivision Plan Application will be submitted for approval to the Stafford County Department of Planning and Zoning located at the Stafford County Administration Center, 1300 Courthouse Road, Stafford, VA 22555 on _____.

You may review the application at the above-mentioned address or call (540) 658-8668.

The following information is supplied for your convenience:

Name of Project: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone #: _____

Name of Engineer: _____

Type of Use: _____

Specific Location: _____

Additional Information: _____

Sincerely,

Signature

Printed Name

Preliminary Subdivision Checklist

This checklist is to be completed, signed and certified by the engineer / plan preparer and shall be submitted as part of the application. Refer to the appropriate sections of the County Code of Ordinances and the DCSL.

N/A COMPLETE

- | | | |
|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Filing |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-57.B CERT OF PLAN PREPARER |
| <input type="checkbox"/> | <input type="checkbox"/> | 22.57.B SCALE 1"=100' |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-57.B KEY PLAN & MATCH LINES |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-57.D NOTICE OF ADJACNT PROPERTY |
| <input type="checkbox"/> | <input type="checkbox"/> | 22.57.D CERTIFIED MAIL RECEIPTS |

N/A COMPLETE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Content |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 SUBDIVISION NAME/SECTION |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 MAGISTERIAL DISTRICT/COUNTY/STATE |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 NAME/ADDRESS OF OWNER |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 NAME/ADDRESS OF SUBDIVIDER |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 NAME/EASEMENT HOLDERS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 NAME/ADDRESS PLAN PREP |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 DATE INCL REVISIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 NUMBER OF SHEETS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22.58.1 MATCH-LINE KEY PLAN |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 OVERALL PLAN/INFO LEGEND |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 NORTH ARROW AND GRAPHIC SCALE |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.1 SIGN LINE FOR PC CHR MN |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.2 VICINITY MAP/1"=2,640 OR LARGER |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.2 VICINITY MAP DETAILS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.3 TOPOGRAPHIC MAP |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.3 TOPO ≤ 10' INTERVALS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.3 FLOODPLAIN /FLOODWAY LIMITS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.A EXIST STREET DIMENSIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.A EXISTING OR PLATTED STRS W/ LR# & NAMES |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.A EXISTING PUBLIC WATER & SEWER W/LR# & DIMENSIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.A EXISTING ESMTS W/LR# & DIMENSIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.A EXISTING ROW W/LR# & DIMENSIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.A EXISTING LOT LINES W/ BEARINGS/DIMENSIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | 28-58.4.A LOC OF CEMETERIES |
| <input type="checkbox"/> | <input type="checkbox"/> | 28-58.4.A LOC EXISTING ITEMS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.B PROPOSED STREET LOC/DIM/NAME |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.B PROPOSED LOTS/DIMENSIONS/BEARINGS/LOCATION |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.B BOUNDARY SURVEY |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.B TOTAL ACRES OF SITE |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.B DRIVEWAY/STREET ACCESS PTS IF > 5 LOTS ON EXIST RD |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.B SIGHT DISTANCE IF > 5 LOTS ON EXIST RD |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.C BOUNDARIES/SEC NUMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.D NUMBER OF LOTS PROPOSED |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.D AREA OF EACH LOT |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.4.D LOTS # CONSECUTIVELY |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.5.A LAND PUBLIC/CMN USE/COVENANTS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.5.B SITES IN COMP PLAN |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.5.C CLUSTER ALTERNATIVE/PROPOSED COVENANTS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.6.A WATER/SEWER ESTIMATIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.6.B WATER/SEWER CONCEPT PLAN |
| <input type="checkbox"/> | <input type="checkbox"/> | 22-58.7 SOURCE OF TITLE |

N/A	COMPLETE	
<input type="checkbox"/>	<input type="checkbox"/>	22-58.7 PARENT PARCEL LINES/TAX MAP
<input type="checkbox"/>	<input type="checkbox"/>	22-58.8 ZONING/USE PROPOSED SUBD
<input type="checkbox"/>	<input type="checkbox"/>	22-58.8 ABUTTING SUBDIVISIONS/SEC/LR#
<input type="checkbox"/>	<input type="checkbox"/>	22-58.8 ADJ ZONING/USE/TAX MAP/LR#/OWNER NAME
<input type="checkbox"/>	<input type="checkbox"/>	22-58.10 SOIL CHARACTERISTICS
<input type="checkbox"/>	<input type="checkbox"/>	22-58.11 PROFFERS/IMPLEMT PLAN
<input type="checkbox"/>	<input type="checkbox"/>	22-58.11 AMENITIES/GRAPHIC/NARRATIVES
<input type="checkbox"/>	<input type="checkbox"/>	22-58.12.A PROPOSED WELL/DISPOSAL SYSTEM
<input type="checkbox"/>	<input type="checkbox"/>	22-58.12.TWO COPIES SOIL REPORTS
<input type="checkbox"/>	<input type="checkbox"/>	22-58.12.B LICENSED OSE STATEMENT/SIGN LINE
<input type="checkbox"/>	<input type="checkbox"/>	22-58.12.C HEALTH DEPT APP LETTER
<input type="checkbox"/>	<input type="checkbox"/>	28-118 WATER/SEWER/DRAINFIELD REQMNT

N/A	COMPLETE	Block and Lot
<input type="checkbox"/>	<input type="checkbox"/>	22-141 PRE-EXISTING LOTS
<input type="checkbox"/>	<input type="checkbox"/>	22-142 LOT SIZE
<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"/>	22-144.B FRNTG CUL-DE-SAC LOTS
<input type="checkbox"/>	<input type="checkbox"/>	22-144.B LOT FRNTG 80% OF WIDTH
<input type="checkbox"/>	<input type="checkbox"/>	22-145 CORNER LOT(ZONING 28-38)
<input type="checkbox"/>	<input type="checkbox"/>	22-146 SIDE LOT LINES
<input type="checkbox"/>	<input type="checkbox"/>	22-147 NO OUT PARCEL LOTS
<input type="checkbox"/>	<input type="checkbox"/>	22-148 SEPARATE OWNERSHIP
<input type="checkbox"/>	<input type="checkbox"/>	22-149 DOUBLE FRONTAGE
<input type="checkbox"/>	<input type="checkbox"/>	22-151 REVERSE FRONTAGE & SHARED DRWY
<input type="checkbox"/>	<input type="checkbox"/>	22-152.A SWM REQ IN OPEN SPACE
<input type="checkbox"/>	<input type="checkbox"/>	22-152.B FACILITY REQ STORM DRAIN ESMT
<input type="checkbox"/>	<input type="checkbox"/>	22-152.C SWM ACCESS/ESMT
<input type="checkbox"/>	<input type="checkbox"/>	22-153 REQ BUFFER/OPEN SPACE
<input type="checkbox"/>	<input type="checkbox"/>	22-156 MAX BLOCK LENGTH
<input type="checkbox"/>	<input type="checkbox"/>	22-157 BLOCK WIDTH
<input type="checkbox"/>	<input type="checkbox"/>	22-158 BLOCK ORIENTATION

N/A	COMPLETE	Comprehensive Plan, Public Dedication
<input type="checkbox"/>	<input type="checkbox"/>	22-167 MINIMUM STREET ROW DEDICATION
<input type="checkbox"/>	<input type="checkbox"/>	22-168_PRO-RATA SHARE REQ
<input type="checkbox"/>	<input type="checkbox"/>	22-169 TRANSPORTATION IMPACT FEES

N/A	COMPLETE	Street Standards
<input type="checkbox"/>	<input type="checkbox"/>	22-177 TOWNHOUSE ACCESS
<input type="checkbox"/>	<input type="checkbox"/>	28-108 GUARD HOUSE IF PRIV STR
<input type="checkbox"/>	<input type="checkbox"/>	22-186 VDOT STANDARDS WHERE SERVING 3 OR MORE SFD
<input type="checkbox"/>	<input type="checkbox"/>	22-187 STREET CONTINUATION
<input type="checkbox"/>	<input type="checkbox"/>	22-188 STREET ANGLE
<input type="checkbox"/>	<input type="checkbox"/>	22-189 STREET HALF
<input type="checkbox"/>	<input type="checkbox"/>	22-190 STREET ACCESS CONNECTIONS
<input type="checkbox"/>	<input type="checkbox"/>	22-191.A # OF LOTS/LENGTH CUL-DE-SAC
<input type="checkbox"/>	<input type="checkbox"/>	22-191.B TEMP CUL-DE-SAC

N/A	COMPLETE	Minimum Street Improvements
<input type="checkbox"/>	<input type="checkbox"/>	22-201 STREET CLASSIFICATION
<input type="checkbox"/>	<input type="checkbox"/>	22-211 VDOT STREET STANDARDS
<input type="checkbox"/>	<input type="checkbox"/>	22-212 MIN WIDTH ROW

N/A	COMPLETE	Minimum Street Improvements
<input type="checkbox"/>	<input type="checkbox"/>	22-201 STREET CLASSIFICATION
<input type="checkbox"/>	<input type="checkbox"/>	22-211 VDOT STREET STANDARDS
<input type="checkbox"/>	<input type="checkbox"/>	22-212 MIN WIDTH ROW
<input type="checkbox"/>	<input type="checkbox"/>	22-213 STREET NAMES
<input type="checkbox"/>	<input type="checkbox"/>	22-214 STREET SIGNAGE
<input type="checkbox"/>	<input type="checkbox"/>	22-215 STREET LIGHTS
<input type="checkbox"/>	<input type="checkbox"/>	22-216 STREET EXTENSION NOTIFICATION
<input type="checkbox"/>	<input type="checkbox"/>	22-217 SHARED DRIVEWAYS
<input type="checkbox"/>	<input type="checkbox"/>	22-221.1 CURB GUTTER LOTS <30,000
<input type="checkbox"/>	<input type="checkbox"/>	22-221.2 SIDEWALKS LOTS < 15,000
<input type="checkbox"/>	<input type="checkbox"/>	22-222 SIDEWALKS VDOT STANDARDS
<input type="checkbox"/>	<input type="checkbox"/>	22-223 PEDESTRIAN WAY

N/A	COMPLETE	Table of Uses and Standards
<input type="checkbox"/>	<input type="checkbox"/>	28-35 TABLE 3.1 DISTRICT USES & STANDARDS (all bulk requirements)
<input type="checkbox"/>	<input type="checkbox"/>	28-35 HERITAGE INTERPRETATION
<input type="checkbox"/>	<input type="checkbox"/>	28-53 PLANNED DEVELOPMENT REGULATIONS
<input type="checkbox"/>	<input type="checkbox"/>	ARTICLE IX CLUSTER SUBDIVISIONS

N/A	COMPLETE	Overlay Districts
<input type="checkbox"/>	<input type="checkbox"/>	28-57 FLOOD HAZARD
<input type="checkbox"/>	<input type="checkbox"/>	28-58 HISTORIC RESOURCE
<input type="checkbox"/>	<input type="checkbox"/>	28-59 HIGHWAY CORRIDOR
<input type="checkbox"/>	<input type="checkbox"/>	28-63 MILITARY FACILITY IMPACT
<input type="checkbox"/>	<input type="checkbox"/>	28-64 AIRPORT IMPACT
<input type="checkbox"/>	<input type="checkbox"/>	28-65 HISTORIC GATEWAY CORRIDOR

N/A	COMPLETE	Landscaping Standards
<input type="checkbox"/>	<input type="checkbox"/>	22-153 OPEN SPACE REQ FOR BUFFERS
<input type="checkbox"/>	<input type="checkbox"/>	22-153 NOTE: PROVIDED IN ACCORD WITH DCSL

N/A	COMPLETE	Special Regulations
<input type="checkbox"/>	<input type="checkbox"/>	28-39.C MANUFACTURED HOMES
<input type="checkbox"/>	<input type="checkbox"/>	28-39.I RBC DISTRICT
<input type="checkbox"/>	<input type="checkbox"/>	28-39.J CONGREGATE/RETIREMENT HOUSING

N/A	COMPLETE	CRPA
<input type="checkbox"/>	<input type="checkbox"/>	27B CHESPEAKE BAY PRESERVATION AREA

CHECKLIST FOR SWM AND EROSION & SEDIMENT CONTROL FOR PRELIMINARY SUBDIVISION PLAN

Chapters 11& 21.5 of the County Code, Stormwater Management Design Manual & VA Erosion & Sediment Control Handbook.

N/A	COMPLETE	
<input type="checkbox"/>	<input type="checkbox"/>	Preliminary Plans - Stafford County Stormwater Management Design Manual, Chapter 5

ENGINEER'S CERTIFICATION OF PLAN COMPLETION:

I, _____ duly licensed/certified in the Commonwealth Of Virginia, do hereby certify that the plan submitted with these checklists conforms to the requirements of the Stafford County Code. I further certify that the above checklists are both complete and accurate.

Signature

Certification

2017 TRC Meetings - ABC Conference Room
(Time and Location subject to change)

APPLICATION SUBMISSION

<u>Submission Date</u>	<u>TRC MEETING DATE</u>
JANUARY 9	FEBRUARY 11
JANUARY 23	FEBRUARY 25
FEBRUARY 6	MARCH 8
FEBRUARY 20	MARCH 22
MARCH 6	APRIL 10
MARCH 20	APRIL 26
APRIL 10	MAY 10
APRIL 24	MAY 24
MAY 8	JUNE 14
MAY 22	JUNE 28
JUNE 12	JULY 12
JULY 10	AUGUST 9
JULY 24	AUGUST 23
AUGUST 7	SEPTEMBER 13
AUGUST 21	SEPTEMBER 27
SEPTEMBER 11	OCTOBER 11
SEPTEMBER 25	OCTOBER 22
OCTOBER 9	NOVEMBER 8
NOVEMBER 6	DECEMBER 13
DECEMBER 11	<u>2018</u>
DECEMBER 25	JANUARY 10
JANUARY 8	JANUARY 24
JANUARY 22	FEBRUARY 8
	FEBRUARY 22