

COMPREHENSIVE PLAN COMPLIANCE REVIEW

APPLICATION



January 1, 2015

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

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Fax: 540-658-6824

www.staffordcountyva.gov

Application Submittal Checklist

- Completed **“Project Information & Primary Contacts”** form (Page 3)
- Signed **“Statements of Understanding”** from the owner(s) and applicant (Page 4)
- Completed **“General Information”** sheet (Pages 5 & 6)
- Completed **“Review Fee Calculation”** sheet and appropriate fees payable to “County of Stafford” and “Virginia Department of Transportation” (if applicable) (Page 7)
- Completed **“List of Adjoining Property Owners”** (Pages 8 & 9)
- Site Layout Plans** (12 Sets)

Applications for the **Extension of Water and/or Sewer outside the Urban Services Area** shall also include:

- Conceptual sewer and/or water line layout plan

Applications for **Telecommunication Facilities** shall also include:

- Propagation Maps showing the existing and proposed network coverage area (12 color copies)
- Profile or elevation views of the Telecommunication facility or structure being used to support telecommunication equipment, showing all proposed and future antenna locations (12 sets)

RECEIVED DATE: _____ INITIALS _____	OFFICIALLY SUBMITTED DATE: _____ INITIALS _____
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Optional Application Materials:

Although not required, the following additional materials are requested to be included with the initial application submission, if available, to assist in the review process.

1. Electronic Version of any plans, surveys, and illustrations (a pdf on a CD, DVD, sent via email, or through ftp site is acceptable)

Project Information & Primary Contacts

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

<u>APPLICANT/AGENT</u> (Provide attachment if Applicant and Agent differ)	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	
_____	_____	_____	

Statements of Understanding

I, as owner/co-owner of the property subject to this application, do hereby certify that I have read and understand the requirements for the submission of comprehensive plan compliance for review and approval as provided under the requirements and applicable provisions of Section 15.2-2232 of the Code of Virginia and the Stafford County Comprehensive Plan.

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 comprehensive plan compliance for review and approval as provided under the requirements and applicable provisions of Section 15.2-2232 of the Code of Virginia and the Stafford County Comprehensive Plan.

Signature of Applicant/Agent	Printed Name	Date
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* Additional sheets may be used, if necessary.

General Information

CLEARLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PROJECT:

NAME OF PROJECT: _____ SECTION: _____

Is this application submitted in conjunction with another application? Yes No

If YES, application name or number (if available): _____

COMPREHENSIVE PLAN LAND USE DESIGNATION: _____

FEATURE REQUIRING REVIEW FOR COMPLIANCE WITH THE COMPREHENSIVE PLAN:

- Extension of sewer outside of the Urban Service Area (complete additional information)
- Telecommunication facility or collocation of telecommunication antennas on a structure which is not a telecommunication facility. (complete additional information)
- New or relocation of a street, connection or change to existing street, not identified on the Transportation Plan or not shown on a Preliminary Subdivision or Site Plan approved by the Planning Commission.
- Public Park or Area
- Public Building or Structure
- Public Utilities Facilities
- Public Service Corporation Facility
- Other: _____

DETAILED DESCRIPTION AND LOCATION OF PROJECT/FEATURE:

COMPLETE ADDITIONAL INFORMATION IF APPLICABLE:

FOR EXTENSION OF SEWER OUTSIDE OF THE URBAN SERVICE AREA:

Number of lots connecting onto sewer: _____

Linear feet from existing sewer: _____

Connects to existing sewer outside of the Urban Service Area? Yes No

Will sewer extend outside the limits of the site? Yes No

If yes, how many existing dwellings would have access to the sewer? _____

Pump station required? Yes No

Type of proposed sewer:

Gravity

Low Pressure

Type: Grinder

Ejector

Other: _____

FOR TELECOMMUNICATION FACILITIES:

New telecommunication facility

Height of tower: _____

Type of tower: Monopole

Self-supporting lattice

Guide wire

Stealth

Other; _____

Collocation on existing structure other than a telecommunication facility

Type of structure: _____

Height of structure (without antennas): _____

Total height of structure with antennas (not including lightning rod): _____

Number of antennas: _____

Telecommunication ground equipment? Yes No

Within existing compound? Yes No

Type of ground equipment: Unmanned shelter

Cabinets

Dimensions of telecommunication ground equipment: _____

Height of the telecommunication ground equipment: _____

Review Fee Calculations

A. Application Fee:	\$ <u>300.00</u>
B. Technology Fee (Application Fee x 2.75% or 0.0275).....	\$ <u>8.25</u>
TOTAL (Add lines A and B).....	\$ <u>308.25</u>

MAKE CHECK PAYABLE TO "STAFFORD COUNTY"

Note: The application fees are for the administrative process and review of this application and do not constitute an approval.

List of Adjoining Property Owners

Provide a list of the owners as shown on the current real estate tax assessment books of all abutting properties and properties immediately across the street or road from the property subject to this application. If the application applies to only a portion of a parcel, the entire parcel must be the basis for the below listing.

Provide additional pages if needed.

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

