

Application Submittal Checklist

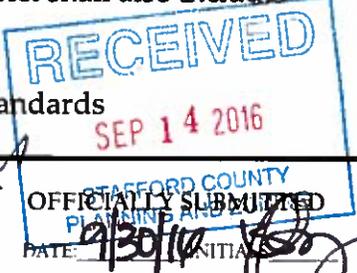
- Completed "Project Information & Primary Contacts" form (Page 5)
- Signed "Statements of Understanding" from the owner(s) and applicant (Page 6)
- n/a Signed and Notarized Owner's Consent Statement (if applicant/agent is not the owner)
- Completed "General Information" sheet (Page 7)
- Completed "Review Fee Calculation" sheet and appropriate fees payable to "County of Stafford" and "Virginia Department of Transportation" (if applicable) (Pages 8 – 10)
- Completed "List of Adjoining Property Owners" (Pages 11 & 12)
- Completed "Application Affidavit" (Pages 13 – 16)
- n/a Completed "Checklist for Generalized Development Plans" (Pages 18 & 19)
- n/a Completed "Transportation Impact Analysis Determination Form" (Page 20)
- Proof that Real Estate Taxes have been paid
- n/a Complete Legal Description of the area to be reclassified (Acreage must match Boundary Survey Plat)
- n/a Completed Impact Statements
* See "Checklist for Impact Statements" (Page 17)
- n/a Completed Transportation Impact Analysis (TIA), if required (Five (5) paper copies with electronic copies or ftp site)
- n/a Completed Proffer Reasonableness Analysis, if proffers will be submitted in relation to any project which includes a residential use (See Notice to Applicants Regarding Residential Proffer Submissions in the Appendix)

PLATS AND PLANS

- n/a Boundary Survey Plat of area subject to rezoning (with 3 copies at 8½" x 11" size)
- n/a Generalized Development Plan (12 full-size copies at 24" x 36" size)
* See "Checklist for Generalized Development Plans" (Pages 18 & 19)

Applications for reclassification to the P-TND zoning district shall also include:

- Twenty (20) copies of the Regulating Plan
- Twenty (20) copies of the Neighborhood Design Standards

RECEIVED DATE: _____ INITIALS: _____	
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Project Information & Primary Contacts

<u>PROJECT INFORMATION</u>		<u>PROJECT #</u> <u>16151470</u>
<u>Stafford Nursing Home and Retirement Community</u> PROPPER		
PROJECT NAME <u>60 & 140 Brimley Drive and 100 Berea Church Road</u>		SECTION <u>21.773 acres</u>
ADDRESS (IF AVAILABLE) <u>44FF-1, 44FF-2 & 44FF-2B</u>		TOTAL SITE ACREAGE <u>LC</u>
TAX MAP / PARCEL(S) <u>Intersection of Berea Church Road and Brimley Drive</u>		ZONING DISTRICT <u></u>
LOCATION OF PROJECT <u></u>		

<u>APPLICANT/AGENT</u> (Provide attachment if Applicant and Agent differ)		Primary Contact Person <input type="checkbox"/>	
<u>Craig Penny</u>		<u>Stafford IL-AL Investors, LLC & Stafford Residential I LLC</u>	
NAME		COMPANY	
<u>4423 Pheasant Ridge Road, Ste 301</u>	<u>Roanoke</u>	<u>VA</u>	<u>24014</u>
ADDRESS	CITY	STATE	ZIP
<u></u>	<u></u>	<u>cpenny@smithpackett.com</u>	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

<u>OWNER</u> (Provide attachments if multiple owners)		Primary Contact Person <input type="checkbox"/>	
<u></u>		<u>Stafford IL-AL Investors, LLC & Stafford Residential I LLC</u>	
NAME		COMPANY	
<u>4423 Pheasant Ridge Road, Ste 301</u>	<u>Roanoke</u>	<u>VA</u>	<u>24014</u>
ADDRESS	CITY	STATE	ZIP
<u></u>	<u></u>	<u>cpenny@smithpackett.com</u>	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

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

Project Information & Primary Contacts

<u>PROJECT INFORMATION</u>		<u>PROJECT #</u> <u>16151470</u>
_____ PROJECT NAME		_____ SECTION
_____ ADDRESS (IF AVAILABLE)		_____ TOTAL SITE ACREAGE
_____ TAX MAP / PARCEL(S)		_____ ZONING DISTRICT
_____ LOCATION OF PROJECT		

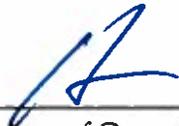
<u>APPLICANT/AGENT</u> (Provide attachment if Applicant and Agent differ)		Primary Contact Person <input checked="" type="checkbox"/>	
<u>Charles W. Payne, Jr. (Agent)</u>		<u>Hirschler Fleischer</u>	
NAME		COMPANY	
<u>725 Jackson Street, Suite 200</u>	<u>Fredericksburg</u>	<u>VA</u>	<u>22401</u>
ADDRESS	CITY	STATE	ZIP
<u>540-604-2108</u>	<u>540-604-2101</u>	<u>cpayne@hf-law.com</u>	
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 a reclassification as provided under the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Stafford County Zoning Ordinance, Chapter 28 of the Stafford County Code.


Signature of Owner/Co Owner

Signature of Owner/Co Owner

Signature of Owner/Co Owner

Stafford IL-AL Investors, LLC, a Virginia limited liability company
By: New Horizon Health Investors, LLC, a Virginia limited liability company,
its sole member
Printed Name _____ Date _____

By: Smith/Packett Med-Com, LLC, a Virginia limited liability company,
its manager
Printed Name _____ Date _____

By: Hunter D. Smith
Printed Name _____ Date _____
Vice Chairman Manager

I, as applicant or agent for the owner(s) of the property subject to this application, do hereby certify that I have read and understand the requirements for the submission of a reclassification as provided under the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Stafford County Zoning Ordinance, Chapter 28 of the Stafford County Code.


Signature of Applicant/Agent

Hunter D. Smith
Vice Chairman manager

Stafford IL-AL Investors, LLC, a Virginia limited liability company
By: New Horizons Health Investors, LLC, a Virginia limited liability company, its sole member
By: Smith/Packett Med-Com, LLC, a Virginia limited liability company, its manager
Printed Name _____ Date _____

* Additional sheets may be used, if necessary.

General Information

Clearly indicate all information that applies to this project:

DETAILED DESCRIPTION OF PROJECT

Request to amend proffer statement to allow the Independent Living beds to be developed as
either Independent Living units or Assisted Living beds.

INFORMATION FOR FEE CALCULATIONS

21.773 # of Acres

Type of Rezoning:

- Standard Rezoning
- Planned Development
- Proffer Amendment
- Minor Proffer Amendment
- Minor Proffer Amendment (when submitted simultaneously with Minor Conditional Use Permit Application)

INFORMATIONAL

Previous Ordinance # O08-03, O09-35 & O14-20

Previous Resolution # _____

of Lots (if rezoning to residential) N/A

Original Zoning N/A

Proposed Zoning N/A

Proposed Use(s) See general description above.

Section IV. Minor Proffer Amendment:

A. General Fee:	\$ <u>6,190.00</u> ✓
B. Adjacent Property Notification (required): (<u>13</u> Adjacent properties) X \$6.48	\$ <u>84.24</u>
Sub-total (Add lines A and B)	\$ <u>6,274.24</u>
C. Technology Fee (sub-total x 2.75% or 0.0275).....	\$ <u>172.54</u>
TOTAL (Sub-total + C. Technology Fee).....	\$ <u>6,446.78</u>

Section V. Minor Proffer Amendment (when submitted simultaneously with minor Conditional Use Permit Application):

A. General Fee:	\$ <u>3,095.00</u>
B. Adjacent Property Notification (required): (_____ Adjacent properties) X \$6.48	\$ _____
Sub-total (Add lines A and B)	\$ _____
C. Technology Fee (sub-total x 2.75% or 0.0275).....	\$ _____
TOTAL (Sub-total + C. Technology Fee).....	\$ _____

Sections I, II, III, IV and V: MAKE CHECK PAYABLE TO "STAFFORD COUNTY".

- If an application is withdrawn prior to the first public hearing, fifty (50) percent of the amount of the application fee may be refunded to the applicant.
- If an application is withdrawn after the first public hearing, the application fee is non-refundable.

VIRGINIA DEPARTMENT OF TRANSPORTATION FEES:

Transportation Impact Analysis Fee:

(For applications that meet VDOT Traffic Impact Analysis thresholds)

A. Subject to low volume road criteria (see 24 VAC 30-155-40 A 3)	\$ <u>250.00</u>
B. All other submissions	\$ <u>1000.00</u>

MAKE CHECK PAYABLE TO "VIRGINIA DEPARTMENT OF TRANSPORTATION"

For a third or subsequent submission of a rezoning proposal that is requested by VDOT on the basis of the failure of the applicant to address deficiencies previously identified by VDOT, the fee is equal to the initial fee paid. (per 24 VAC 30-155, §15.2-2222.1 of the Code of Virginia)

List of Adjoining Property Owners

The applicant is required to 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 to be rezoned or issued a Conditional Use Permit. If the application requests a rezoning of only a portion of the parcel or a Conditional Use Permit on only a portion of the parcel, the entire parcel must be the basis for the below listing.

Provide additional pages if needed.

<u>44 107</u>	<u>LEWIS BARBARA S & MAYNARD E T LEWIS</u>	
TAX MAP / PARCEL	NAME	
<u>1335 TRUSLOW ROAD</u>		
MAILING ADDRESS		
<u>FREDERICKSBURG VA 22406-5003</u>		
CITY	STATE	ZIP

<u>44HH 5</u>	<u>SANFORD JEFFREY D & GABRIELLA S</u>	
TAX MAP / PARCEL	NAME	
<u>6 MONACAN CT</u>		
MAILING ADDRESS		
<u>FREDERICKSBURG VA 22406</u>		
CITY	STATE	ZIP

<u>44HH 4</u>	<u>CEPEDA ORLANDO C</u>	
TAX MAP / PARCEL	NAME	
<u>5 MONACAN CT</u>		
MAILING ADDRESS		
<u>FREDERICKSBURG VA 22406-5165</u>		
CITY	STATE	ZIP

<u>44HH 3</u>	<u>OKYNE GLORIA & WILLIAM SCOTT</u>	
TAX MAP / PARCEL	NAME	
<u>3 MONACAN CT</u>		
MAILING ADDRESS		
<u>FREDERICKSBURG VA 22406-5165</u>		
CITY	STATE	ZIP

<u>44HH A</u>	<u>BEREA KNOLLS HOMEOWNERS ASSOCIATION</u>	
TAX MAP / PARCEL	NAME	
<u>3330 BOURBON ST STE 117</u>		
MAILING ADDRESS		
<u>FREDERICKSBURG VA 22408-7334</u>		
CITY	STATE	ZIP

<u>44HH I</u>	<u>KELLER INGRID LAUREN</u>	
TAX MAP / PARCEL	NAME	
<u>1 BEREK KNOLLS DR</u>		
MAILING ADDRESS		
<u>FREDERICKSBURG VA 22406-6300</u>		
CITY	STATE	ZIP

<u>44 117R</u>	<u>CARMEAN LORRAINE</u>	
TAX MAP / PARCEL	NAME	
<u>77 WATEREDGE LN</u>		
MAILING ADDRESS		
<u>FREDERICKSBURG VA 22406-4334</u>		
CITY	STATE	ZIP

<u>44 117P</u>	<u>IRWIN RICHARD L & JUDY LOUISE BERNAC</u>	
TAX MAP / PARCEL	NAME	
<u>169 BERA CHURCH RD</u>		
MAILING ADDRESS		
<u>FREDERICKSBURG VA 22406-5125</u>		
CITY	STATE	ZIP

<u>45N 27 X</u>	<u>ENGLAND RUN NORTH HOMEOWNERS ASSOC</u>	
TAX MAP / PARCEL	NAME	
<u>11351 RANDOM HILLS RD STE 500</u>		
MAILING ADDRESS		
<u>FAIRFAX VA 22030-6081</u>		
CITY	STATE	ZIP

<u>44 119G</u>	<u>BRANDYWINE HILL BUSINESS PARK PROPER</u>	
TAX MAP / PARCEL	NAME	
<u>14145 BRANDYWINE RD</u>		
MAILING ADDRESS		
<u>BRANDYWINE MD 20613-3003</u>		
CITY	STATE	ZIP

<u>44 119N</u>	<u>BRANDY HILL PROPERTIES 2004 LLC</u>	
TAX MAP / PARCEL	NAME	
<u>PO BOX 7165</u>		
MAILING ADDRESS		
<u>FREDERICKSBURG VA 22404-7165</u>		
CITY	STATE	ZIP

Application Affidavit

This form to be filed with:

STAFFORD COUNTY
BOARD OF SUPERVISORS

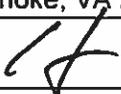
1300 COURTHOUSE ROAD
STAFFORD, VIRGINIA 22555

Internal Use Only	
Project Name:	<u>Stafford Nursing Home + Retirement Comm.</u>
A/P #:	<u>10151470</u>
Date:	<u>9/30/2010</u>

All applicants for a special exception, a special use permit, conditional use permit, amendment to the zoning ordinance or variance shall make complete disclosure of the equitable ownership of the real estate involved in the application, including in the case of corporate ownership, limited liability company ownership or similar business ownership, the name of stockholders, officers, managing partners, general partners, owners and members, and in any case the names and addresses of all of the real parties in interest. The requirement of listing names of stockholders, officers and directors shall not apply to a corporation whose stock is traded on a national or local stock exchange and having more than 500 shareholders. In the event the ownership of the involved real estate changes in any respect during the time the application is pending, the applicant shall make complete disclosure of the new equitable ownership of the real estate involved in the application as required herein. If the applicant is a contract purchaser, the ownership information required herein shall be provided for the contract purchaser in addition to the owner of the real estate involved in the application. This section applies to applications before the board of supervisors, planning commission and board of zoning appeals.

See Section 15.2-2289 for State Enabling Authority

1. Applicant information

Name of Applicant	<u>Stafford IL-AL Investors, LLC & Stafford Residential I LLC</u>
Name of Company	<u>Stafford IL-AL Investors, LLC & Stafford Residential I LLC</u>
Applicant Address	<u>4423 Pheasant Ridge Road, Suite 301</u> <u>Roanoke, VA 24014-5300</u>
Applicant's Signature	
Name of Agent	<u>Charles W. Payne, Jr.</u>
Address of Agent	<u>725 Jackson Street, Suite 200, Fredericksburg, VA 22401</u>

2. Type of Application

- | | |
|--|--|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Variance |
| <input checked="" type="checkbox"/> Rezoning - Minor Proffer Amendment | <input type="checkbox"/> Special Exception |

Application Affidavit

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Applicant: Stafford IL-AL Investors, LLC &
Stafford Residential I LLC

Project Name: _____ A/P #: _____ Date: _____
--

3. Property Information

Assessor's Parcel(s) 44FF-1, 44FF-2 & 44FF-2B

Address 60 & 140 Brimley Drive and 100 Berea Church Road

4. Unless the equitable ownership is a corporation, limited liability company or similar business ownership, list all equitable owners of the property.

<u>Name of owners</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. If the equitable ownership of the property is a corporation, limited liability company or similar business ownership, list all officers, managing partners, general partners, share holders, owners and members. This provision shall not apply if the corporation is listed on a national or local stock exchange and has more than 500 share holders.

Stafford IL-AL Investors, LLC

<u>Name of Members</u>	<u>Address</u>
James R. Smith	4423 Pheasant Ridge Road, Suite 301, Roanoke, VA 24014-5300
Hunter D. Smith	4423 Pheasant Ridge Road, Suite 301, Roanoke, VA 24014-5300
New Horizons Health Investors, LLC	4423 Pheasant Ridge Road, Suite 301, Roanoke, VA 24014-5300
Smith/Packett Med-Com, LLC	4423 Pheasant Ridge Road, Suite 301, Roanoke, VA 24014-5300
_____	_____

6. Unless the applicant is a contract purchaser and is a corporation, limited liability company or similar business ownership, list all individuals involved with the purchase of the property.

<u>Name of Members</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Project Name: _____ A/P #: _____ Date: _____
--

Application Affidavit

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Applicant: Stafford IL-AL Investors, LLC &
Stafford Residential I LLC

7. If the applicant is a contract purchaser and is a corporation, limited liability company or similar business ownership, list all officers, managing partners, general partners, share holders, owners and members. This provision shall not apply if the corporation is listed on a national or local stock exchange and has more than 500 share holders

Name of Members

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Have all individuals listed on this affidavit been notified of the purpose of the application?

Yes No

9. If #8 is No, list all individuals who have not been notified about this application plus submit the cost required for the Department of Planning and Zoning or Code Administration to send certified letters notifying those listed below of this application prior to the public hearing.

<u>Name</u>	<u>Address, including zip code, no P.O. Box please</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of owners to be notified: _____ X
 Cost for certified letters \$ _____ (cost as of the day of submittal)
 Total due: \$ _____ (Make checks payable to County of Stafford)

Please submit a check in the amount due with this application to cover the cost of serving the individuals listed in this section.

Project Name: _____ A/P #: _____ Date: _____
--

Application Affidavit

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Applicant: Stafford IL-AL Investors, LLC & Stafford Residential LLC

10. Affirmation & Witness

I hereby make oath or affirmation that the contents of this affidavit are true and correct to the best of my knowledge, information and belief. In the event the ownership of the involved real estate changes during the time the application is pending, I shall make complete disclosure of the new equitable ownership of the real estate involved in the application as required herein.

Printed name of Signer Hunter D. Smith

Corporate Office of Signer Vice Chairman Manager

Signature [Handwritten Signature]

Date 8/15/2016

COMMONWEALTH OF VIRGINIA
COUNTY OF STAFFORD, to wit:

City Roanoke

The forgoing affidavit was acknowledged before me this 15th day of August, 2016 by

Hunter D. Smith owner/applicant.

My commission expires: 9/30/2018

Tammy S. Blankenship NOTARY PUBLIC Commonwealth of Virginia Reg. #220853 My Commission Expires Sept. 30, 2018

[Handwritten Signature]
Notary Public

Checklist for Generalized Development Plans (GDP)

In accordance with Section 28-224 of the Stafford County Code, when a GDP involves engineering, architecture, urban land use planning or design, landscape architecture, or surveying, such work shall be performed by persons qualified and authorized to perform such professional work, in accordance with applicable provisions of the Code of Virginia.

The following items must be shown on a GDP:

N/A COMPLETE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Sec 28-225(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | Date of drawing, |
| <input type="checkbox"/> | <input type="checkbox"/> | true north arrow, |
| <input type="checkbox"/> | <input type="checkbox"/> | scale, |
| <input type="checkbox"/> | <input type="checkbox"/> | legend for all symbols used, |
| <input type="checkbox"/> | <input type="checkbox"/> | name of the applicant, |
| <input type="checkbox"/> | <input type="checkbox"/> | name of the owner, |
| <input type="checkbox"/> | <input type="checkbox"/> | name of the development, |
| <input type="checkbox"/> | <input type="checkbox"/> | person preparing the drawing, |
| <input type="checkbox"/> | <input type="checkbox"/> | match lines if applicable; |
| | | Sec 28-225(2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Boundaries of the area covered by the application, |
| <input type="checkbox"/> | <input type="checkbox"/> | vicinity map showing the general location of the proposed development, |
| | | major roads and existing subdivisions at a scale of one inch equals two |
| | | thousand (2,000) feet; |
| | | Sec 28-225(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | Approximate locations and identification of any easements and rights-of- |
| | | way on or abutting the site; |
| | | Sec 28-225(4) |
| <input type="checkbox"/> | <input type="checkbox"/> | Approximate location of each existing and proposed structure on the site |
| <input type="checkbox"/> | <input type="checkbox"/> | the number of stories, |
| <input type="checkbox"/> | <input type="checkbox"/> | height, |
| <input type="checkbox"/> | <input type="checkbox"/> | roof line, |
| <input type="checkbox"/> | <input type="checkbox"/> | gross floor areas and |
| <input type="checkbox"/> | <input type="checkbox"/> | location of building entrances and exits; |
| | | Sec 28-225(5) |
| <input type="checkbox"/> | <input type="checkbox"/> | Identification and location of uses and structures on all abutting |
| | | properties; |
| | | Sec 28-225(6) |
| <input type="checkbox"/> | <input type="checkbox"/> | Approximate location of all existing and proposed parking and loading |
| | | areas, |
| <input type="checkbox"/> | <input type="checkbox"/> | outdoor trash storage, |
| <input type="checkbox"/> | <input type="checkbox"/> | lighting facilities, and |
| <input type="checkbox"/> | <input type="checkbox"/> | pedestrian walkways; |

Checklist for Generalized Development Plans (continued)

N/A COMPLETE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <p>Sec 28-225(7)
 Approximate location, height and type of each existing and proposed wall, fence, and other types of screening;</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>Sec 28-225(8)
 Approximate location and description of all proposed landscaping;</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>Sec 28-225(9)
 Approximate location, height and dimensions of all proposed signage on site;</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>Sec 28-225(10)
 Approximate location of all existing drainage ways, floodplains and wetlands on site;</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>Sec 28-225(11)
 Approximate location of all common open space, recreational areas and bufferyards;</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>Sec 28-225(12)
 Where the site abuts any tidal water body or impoundments, the approximate high water line, low water line, top of bank and toe of slope;</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>Sec 28-225(13)
 Approximate location and identification of all significant natural or noteworthy features including, but not limited to, historic and archeological sites, cemeteries, existing trees with a trunk diameter greater than six (6) inches DBH.</p> |

Waiver of GDP Requirements

In accordance with Section 28-223 of the Stafford County Code, the Director of Planning and Zoning may waive the requirement for the submission of a GDP or one of the above required components if the application meets one of the following standards:

- (1) There will be less than two thousand five hundred (2,500) square feet of total land disturbance on lots or parcels of less than ten thousand (10,000) square feet.
- (2) For single-family dwellings intended for the occupancy of the applicant and where there will be less than five thousand (5,000) square feet of land disturbance.
- (3) For specific items of information when, in the opinion of the director of planning, their application to the subject property does not serve the purpose and intent of this article.

A request for a waiver shall be made in writing to the Director of Planning and Zoning identifying the sections in which you are requesting a waiver and the reason for the request.

**RECLASSIFICATION
TRANSPORTATION IMPACT
ANALYSIS DETERMINATION**

Name of development _____
Type of development _____
Parcel # 44FF-1, 44FF-2 & 44FF-2B

RECEIVED BUT NOT OFFICIALLY SUBMITTED: DATE: _____ INITIALS _____ OFFICIALLY SUBMITTED: DATE: _____ INITIALS _____
--

Traffic Volume Calculations

This site generates:

_____ VPH (highest VPH)
_____ VPD on state controlled highways (highest)
_____ VPH Peak AM
_____ VPH Peak PM
_____ VPH Peak Saturday
_____ VPD highest intensity*

*** Attach a page showing the calculations and the ITE trip generation codes to this form.***

Minimum Thresholds to submit a TIA

County: Any proposals generating 1,000 or more VPD.

VDOT: See "VDOT Traffic Impact Analysis Requirements" table on next page.

Trip Generation Calculation Guidelines

- Traffic volumes shall be based on the rates or equations published in the latest edition of the Institute of Transportation Engineers Trip Generation.
- If a site has multiple entrances to highways, volumes on all entrances shall be combined for the purposes of this determination.
- If the site does not have direct access to a state maintained road, the site's connection is where the site connects to the state highway system.
- Traffic volumes shall NOT be reduced through internal capture rates, pass by rates, or any other reduction methods.
- For redevelopment sites only: when the existing use is to be redeveloped as a higher intensity use, trips currently generated by the existing development that will be removed may be deducted from the total trips that will be generated by the proposed land use.
- When rezoning, use the highest possible traffic generating use unless development is limited by proffer to less than the possible highest traffic generation.

For development proposals that generate 1,000 or more vehicle trips per peak hour the applicant shall request a scope of work meeting with VDOT and Stafford County Office of Transportation to discuss the required elements of a traffic impact analysis.

*The highest intensity use is the highest possible use allowable under the zoning requirements for the entire property should it be developed to its fullest extent possible under the current building guidelines. The trip generation for the highest intensity use shall be analyzed in the study. The only exception is if proffers limit the area and type of uses.

myStafford [Payments Home](#) > [Account Search](#) > Account Details

Stafford County Real Estate Tax Search/Payment

Owner
 Name / Mailing Address
 STAFFORD RESIDENTIAL I LLC
 4423 PHEASANT RIDGE RD STE 301
 ROANOKE VA 24014-5300

Property Description
 Map #: 44FF-2B
 Alt. ID/PIN: 50279
 Legal: 100 BEREA CHURCH RD

Current Assessment
 Land Value: \$1,844,900
 Improvement Value: \$0
 Total Taxable Value: \$1,844,900

[View Real Estate Details](#)

- Pay Total Due Today: \$0.00
- Pay Total For Year: \$9,132.26
- Select Invoices to Pay
- Pay Another Amount: \$0.00

[Next](#)

Invoice History

Filter by Year Paid to get tax payments for a particular year

Bill Type **Year Paid**
 - ALL - - ALL -

[Clear Filter](#) [Print Version](#) [Filter Results](#)

Change Penalty/Interest Calculation Date

Total Due:	\$9,132.26	Total Tax Paid:	\$99,496.22
		Total Penalty/Int Paid:	\$0.00
		Total Fees Paid:	\$0.00
		Total Other Assessments:	\$1,217.70

Year	Bill #	Type	Due Date	Rate	Levy Due	Penalty Due	Interest Due	Total Due	Total Paid	Date Paid
2016	48950	Real Estate	12/5/2016	0.990	\$9,132.26	\$0.00	\$0.00	\$9,132.26	\$0.00	
2016	48950	Real Estate	6/6/2016	0.990	\$9,132.26	\$0.00	\$0.00	\$0.00	\$9,132.26	6/6/2016
2015	48982	Real Estate	12/7/2015	1.019	\$9,399.77	\$0.00	\$0.00	\$0.00	\$9,399.77	12/4/2015
2015	48982	Real Estate	6/5/2015	1.019	\$9,399.77	\$0.00	\$0.00	\$0.00	\$9,399.77	5/27/2015
2014	49050	Real Estate	12/5/2014	1.019	\$9,399.77	\$0.00	\$0.00	\$0.00	\$9,399.77	12/9/2014
2014	49050	Warrenton Road	12/5/2014	0.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	12/9/2014
2014	49050	Real Estate	6/5/2014	1.019	\$9,399.77	\$0.00	\$0.00	\$0.00	\$9,399.77	6/5/2014
2014	49050	Warrenton Road	6/5/2014	0.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6/5/2014
2013	49095	Real Estate	12/5/2013	1.070	\$9,870.22	\$0.00	\$0.00	\$0.00	\$9,870.22	12/2/2013
2013	49095	Warrenton Road	12/5/2013	0.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	12/2/2013

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