

SITE AS-BUILT APPLICATION



OCTOBER 2018

STAFFORD COUNTY DEPARTMENT OF PLANNING & ZONING

1300 COURTHOUSE ROAD

P.O. BOX 339

STAFFORD, VIRGINIA 22555-0339

PHONE: 540-658-8668

FAX: 540-658-6824

www.staffordcountyva.gov

**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 or requests.*

NOTICE

Stafford County treats all applications and applicants equally. The County does not discriminate against religion, or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, utilities, and land use processes.

Under the laws of the United States and the Commonwealth of Virginia, no government may discriminate against any religion or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, utilities, and land use processes.

Under the Religious Land Use and Institutionalized Persons Act (“RLUIPA”), no government may apply its zoning or land use laws, or its policies and procedures in a manner that unjustifiably imposes a substantial burden on the religious exercise of a person, assembly, or institution.

RLUIPA also provides that no government may apply its zoning or land use laws in a manner that treats a religious assembly or institution on unequal terms with a non-religious institution or assembly.

Finally, RLUIPA provides that no government may impose or implement a land use regulation in a manner that discriminates against a religious assembly or institution.

Stafford County does not discriminate in its planning, permitting, utilities, and land use processes, practices, and policies. Stafford County treats all applications and applicants equally.

SITE AS-BUILT PLAN

The official submission of the application shall include:

1. Complete application form (all appropriate information shall be included, including email addresses).
2. Application fee of \$126.38 (\$123.00 review fee + \$3.38 Technology Service Fee per Ordinance O12-19) made payable to: *Stafford County*.
3. Two (2) copies of Site As-Built plan must be submitted to the Department of Planning and Zoning at least one week prior to issuance of a Certificate of Occupancy. Contact the Department of Planning and Zoning at (540) 658-8668 for information.
4. To obtain a Certificate of Occupancy, contact the Department of Public Works, Building & Permit Division at (540) 658-8650.
5. Site As-Built signed and certified by engineer who prepared the plan.

SITE AS-BUILT LAYOUT INFORMATION:

1. Cover sheet must be sealed as “Site As-Built” and include planning project number and tax map and parcel number
2. Road names and parcel identification
3. Sheet should be no larger than 24”X 36”
4. Location and type of easements
5. Location and square footage of existing building with address
6. Identify front, rear and side building restriction lines and current setbacks
7. Elevation detail to include height of buildings
8. Current calculations for open space, floor area ratio, parking
9. Location and width of sidewalks
10. Location and width of travel lanes
11. Buffer and screening devices to separate uses within the development
12. Location and screening (if applicable) for mechanical units
13. Location of outside waste facilities/trash receptacles and screening
14. Location of exterior lighting
15. Location of any signs; stop signs, directional, monument, etc.
16. Parking Area
 - a. Marked parking spaces showing width, depth and layout dimensions
 - b. Parking spaces marked and designated for handicapped persons, locations of ramps per ADA
 - c. Locations and size of loading areas
17. Proffers and Implementation plan
18. Conditional Use Permits and implementation plan



SITE AS-BUILT APPLICATION

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

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

APPLICANT/AGENT (Provide attachment if differs): Primary Contact Person

NAME	COMPANY		
ADDRESS	CITY	STATE	ZIP
PHONE	CELL		
FAX	EMAIL		

OWNER INFORMATION: Primary Contact Person

NAME	COMPANY		
ADDRESS	CITY	STATE	ZIP
PHONE	CELL		
FAX	EMAIL		

ENGINEER/SURVEYOR: Primary Contact Person

NAME	COMPANY		
ADDRESS	CITY	STATE	ZIP
PHONE	CELL		
FAX	EMAIL		

Fees Paid: \$126.38 Yes No