

# **MINOR SITE PLAN & PLAN REVISION**

## **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](http://www.staffordcountyva.gov)

## **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.

## Minor Site Plan Process

Per Stafford County Code, Section 28-25 “Definitions of Specific Terms” states a minor site plan is “Any nonresidential development involving construction or land disturbance totaling a minimum of one thousand (1,000) square feet and less than two thousand five hundred (2,500) square feet, or any change of use where additional parking is required, or any enlargement to an existing building or structure where there is no change to the construction footprint.”

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 plan is initially reviewed by all appropriate county and state agencies/departments. All county departments plan review and comments can be viewed on the Integrated Web Response System (IWR) at <http://hello.stafford.va.us>.
3. The Engineer/Applicant addresses all outstanding comments. Resubmit plans for every outstanding review plus one for file for 2<sup>nd</sup> review. Changes to plans shall be resubmitted within 120 days of last County comments received per ordinance 28-251 and include a comment response letter.
4. The plan preparer has two reviews to address all County comments. If comments are not addressed, a 3<sup>rd</sup> review fee will be required prior to plat resubmission.
5. After staff has determined that all comments are addressed, submit eight (8) copies for final signature.
6. Approved copies shall be picked up by the applicant, and remaining copies are distributed by staff to appropriate agencies.
7. Applicant applies for **building/occupancy permits** in the Department of Public Works (Phone # 540-658-8650).
8. Prior to issuance of an occupancy permit, any necessary **deeds and plats for onsite** water, sewer, and storm drainage easements must be approved and recorded.
9. **Securities** are required for SWM, Grading and E&S prior to Grading Permit issuance.
10. **Landscaping** is required to be **installed** prior to final occupancy permit, unless securities posted prior to occupancy permit.
11. Site **As-built Plan** application must be submitted to the Department of Planning and Zoning at least one week prior to issuance of an occupancy permit, Contact the Department of Planning and Zoning (540) 658-8668 for information.

## Application Submittal Checklist

- Completed “**Project Information and Primary Contacts**” form
- Complete “**Detailed Project Description**” form with description of project: *Example:* Description & Location of Project: A minor site plan for 956 sq ft addition to ex Some Commercial Project, located south of Smith St and approx. 1,000 ft east of Jones Dr.
- Completed “**Minor Site Plan Review Fee Calculation**” form and appropriate fees payable to the “County of Stafford” **including the 2.75% TECHNOLOGY FEE.**
- Signed “**Statements of Understanding**” from the owner(s) and applicant
- Completed “**Certificate of Notice to Adjoining Property Owners**”
- “**Certified Mail Receipts**” of adjacent property owner’s letters per Section 28-250 of the Zoning Ordinance
- Completed “**Minor Site Plan Checklist**”
- Eight (8) sets of plans
- 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**  
**MINOR SITE PLAN**

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

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

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

<b><u>PROFESSIONAL (Engineer, Surveyor, etc.)</u></b>		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**

\_\_\_\_\_ # Gross Total acres

\_\_\_\_\_ # Disturbed acres

REVISION

**OPTIONS**

- Addition
- Change of Use
- Reconstruction
- New Construction

**BUILDING USE:** \_\_\_\_\_

**# of Building Sq. Ft** \_\_\_\_\_

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 |

**MINOR SITE PLAN**  
**Review Fee Calculation**

\*\*\* Total application fee includes **ONLY** the 1<sup>st</sup> & 2<sup>nd</sup> Reviews

\*\*\* Total application fee is for the administrative process and review of this application, and does not constitute an approval of this plan.

A. Base Fee	<u>\$ 1,630.00</u>
	<u>\$ 44.83</u>
<b>TOTAL</b>	<b><u>\$ 1,674.83</u></b>

**2.75% technology fee**

**All 3<sup>rd</sup> and subsequent Review Fees are as follows:**

Planning & Zoning (\$650.00)

**2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications**

**Revision to Minor Site Plan**

A. Revision to Minor Site Plan \$ 900.00

**2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications**

\$ 24.75

\$ 924.75

THE ABOVE FEES ARE TO BE MADE PAYABLE TO: **COUNTY OF STAFFORD**

**Statements of Understanding**

I, as owner(s) of the property subject to this application, do hereby certify that I have read and understand the requirements for the submission of minor site plans for review and approval as provided under Chapter 28 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 district(s) in which this project is located.

\_\_\_\_\_  
Signature of Owner/Co Owner                      Printed Name                      Date

\_\_\_\_\_  
Signature of Owner/Co Owner                      Printed Name                      Date

\_\_\_\_\_  
Signature of Owner/Co Owner                      Printed Name                      Date

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 minor site plans for review and approval as provided under Chapter 28 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 district(s) in which this project is located.

\_\_\_\_\_  
Signature of Applicant/Agent                      Printed Name                      Date



## Certificate 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.

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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 Minor Site 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

## Minor Site Plan Checklist

This check list is to be completed by the plan preparer and shall be submitted as part of the application.

Refer to the appropriate sections of the Stafford County Code of Ordinances.

N/A	COMPLETE	<b>Submission Requirements</b>
<input type="checkbox"/>	<input type="checkbox"/>	28-247 NAME OF PLAN PREPARER
<input type="checkbox"/>	<input type="checkbox"/>	28-247 NORTH ARROW
<input type="checkbox"/>	<input type="checkbox"/>	28-247 SCALE 1"=50' OR LARGER
<input type="checkbox"/>	<input type="checkbox"/>	28-247 MINIMUM PLAN SIZE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.1 PROPOSED BOUNDARIES/SURVEY
<input type="checkbox"/>	<input type="checkbox"/>	28-247.1 PROPOSED BKDG SETBACK LINES
<input type="checkbox"/>	<input type="checkbox"/>	28-247.2 LOCATION OF PROPOSED STRUCTURES
<input type="checkbox"/>	<input type="checkbox"/>	28-247.2 DIMENSIONS OF PROPOSED STRUCTURES
<input type="checkbox"/>	<input type="checkbox"/>	28-247.3 LOCATION OF EXISTING & REQUIRED PKING
<input type="checkbox"/>	<input type="checkbox"/>	28-247.3 LOCATION OF REQ LOADING SPACE/SIZE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.3 LOCATION OF HANDICAP SPACES/SIZE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.3 DIMENSION OF HANDICAP ACCESS AISLE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.4 EXISTING/PROPOSED ENTRANCE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.7 ZONING DESIGNATION
<input type="checkbox"/>	<input type="checkbox"/>	28-247.7 PROFFERS/CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	28-247.7 ZONING/USE/TM/LR# OF ADJOINING USES
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 SIGNATURE LINE FOR AGENT
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 ASSESOR'S PARCEL NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 EXISTING/LOCATION OF EASEMENTS
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 NAME/ADDRESS OF OWNER/APPLICANT
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 DATE OF PLAN
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 MAGISTERIAL DISTRICT
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 PROJECT NAME
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 OTHER

**ENGINEER'S CERTIFICATION OF PLAN COMPLETION:**

I, \_\_\_\_\_ duly licensed/certified in the Commonwealth Of Virginia, do hereby certify that the plan 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.

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Signature of Plan Designer	Certification (if applicable)
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