

TECHNICAL CHANGES TO APPROVED PRELIMINARY SUBDIVISION PLANS

APPLICATION



OCTOBER 2018

Stafford County Department of Planning & Zoning

1300 Courthouse Road
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Stafford, VA 22555-0339

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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.

**TECHNICAL CHANGES TO APPROVED
PRELIMINARY SUBDIVISION PLANS**

Submittal and Approval Process

1. Submit this application and a letter requesting the change(s) addressed to Jeffrey A. Harvey, AICP, Director, Department of Planning & Zoning in accordance with Section 22-67 of the Stafford County Subdivision Ordinance.
2. Submit six (6) copies of the plan clearly highlighting or bubbling the proposed changes with one copy of the approved preliminary subdivision plan including the A/P number.
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 request(s) will be reviewed and a decision rendered via email within thirty (30) business days of receipt of the request(s) per Ordinance O13-05, 6/4/13. Comments can be viewed on the Integrated Web Response System (IWR) at <http://hello.stafford.va.us>.
5. The **engineer/surveyor** makes changes to the plan and **resubmits plans subject to the conditions listed in the letter of approval or denial.**
6. Once changes have been approved, **the letter shall be embedded in the signature set of plans.**
7. Signature set of approved plans are submitted for Jeffrey A. Harvey's signature, you will be notified when they are available for retrieval. Approved copies of the plan shall be picked up by the applicant and remaining copies will be distributed to appropriate agencies by county staff.

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 **“Technical Change Review Fee Calculation”** sheet and appropriate fees payable to “County of Stafford” **including the 2.75% TECHNOLOGY FEE.**
- Signed **“Statements of Understanding”** from the owner(s) and applicant
- Six (6) 24”x 36” sets of plan for review and signature sets

RECEIVED	OFFICIALLY SUBMITTED
DATE: _____ INITIALS _____	DATE: _____ INITIALS _____

Project Information & Primary Contacts
Technical Change

<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

APPROVED PRELIMINARY SUBDIVISION PLAN

A/P # _____

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

Please provide Project Application Number below:

- | | | |
|------------------------------------|---------------------------------------|-----------------------------|
| 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 |

TECHNICAL CHANGE
Review Fee Calculation

***Total application fee is for the administrative process and review of this application, and does not constitute approval of the Technical Changes to Approved Preliminary Subdivision Plans.

A. Base Fee	\$ <u>500.00</u>
Technology Fee (+2.75%)	\$ <u>13.75</u>
 TOTAL FEE DUE	 \$ <u>513.75</u>

TECHNICAL CHANGES TO APPROVED PRELIMINARY SUBDIVISION PLANS **DO NOT EXTEND** THE VESTING OF THE APPROVED PRELIMINARY SUBDIVISION PLAN

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 technical changes to 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 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 technical changes to 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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