

WAIVERS, APPEALS, EXCEPTIONS, DEPARTURES AND ALTERNATIVE COMPLIANCE

APPLICATION



OCTOBER 2018

Stafford County Department of Planning & Zoning

1300 Courthouse Road
P.O. Box 339
Stafford, VA 22555-0339

Phone: (540) 658-8668
Fax: (540) 658-6824

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.

**WAIVERS, APPEALS, EXCEPTIONS,
DEPARTURES & ALTERNATIVE COMPLIANCE**

TYPE OF REQUEST:

_____ WAIVER from the SUBDIVISION ORDINANCE to the PLANNING COMMISSION

_____ APPEAL/WAIVER to the BOARD OF SUPERVISORS

_____ EXEPTIONS from STORMWATER MANAGEMENT REGULATIONS

_____ WAIVERS from the CRITICAL RESOURCE PROTECTION AREA (CRPA)

_____ MITIGATION/RESTORATION PLAN

_____ DEPARTURE from DESIGN STANDARDS: LANDSCAPE & BUFFERING

_____ ALTERNATIVE COMPLIANCE: LANDSCAPE & BUFFERING

OFFICIAL SUBMISSION FOR ALL APPLICATIONS SHALL INCLUDE THE FOLLOWING:

- Signed “**Statements of Understanding**” from the owner(s) and applicant
- Completed “**Project Information & Primary Contacts**” 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 “**Review Fee Calculation**” sheet and appropriate fees payable to “County of Stafford” **including 2.75% TECHNOLOGY FEE.**
- Letter addressed to Director of the Department of Planning and Zoning detailing purpose for the request

IN ADDITION, OFFICIAL SUBMISSION FOR THE FOLLOWING SHALL INCLUDE:

ALTERNATIVE COMPLIANCE:

TWO (2) COPIES of the LANDSCAPE PLAN.

DEPARTURE from DESIGN STANDARDS from the DESIGN & CONSTRUCTION STANDARDS for LANDSCAPE, BUFFERING and SCREENING (DCSL):

TWELVE (12) COPIES of the LANDSCAPE PLAN.

EXCEPTION from STORMWATER MANAGEMENT REGULATIONS:

FIVE (5) COPIES of the STORMWATER COMPUTATIONS & REPORT PREPARED BY PLAN ENGINEER.

WAIVER FROM THE CRITICAL RESOURCE PROTECTION AREA (CRPA):

1. TWO (2) COPIES of the SITE PLAN.
2. TWO (2) COPIES of the WATER QUALITY IMPACT ASSESSMENT JUSTIFYING PURPOSE for the REQUEST.

RECEIVED DATE: _____ INITIALS _____	OFFICIALLY SUBMITTED DATE: _____ INITIALS _____
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Project Information & Primary Contacts
WAIVERS, APPEALS, EXCEPTIONS, DEPARTURE/ALTERNATIVE

<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	
_____	_____	_____	

WAIVERS, APPEALS, EXCEPTIONS,
DEPARTURES & ALTERNATIVE COMPLIANCE

Review Fee Calculation

TYPE OF REQUEST:

- _____ WAIVER from the SUBDIVISION ORDINANCE to the PLANNING COMMISSION
- _____ APPEAL/WAIVER to the BOARD OF SUPERVISORS
- _____ EXCEPTIONS from STORMWATER MANAGEMENT REGULATIONS
- _____ WAIVERS from the CRITICAL RESOURCE PROTECTION AREA (CRPA)
- _____ MITIGATION/RESTORATION PLAN
- _____ DEPARTURE from DESIGN STANDARDS: LANDSCAPE & BUFFERING
- _____ ALTERNATIVE COMPLIANCE: LANDSCAPE & BUFFERING

Fee Calculation: Check appropriate item

WAIVER(S) from the SUBDIVISION ORDINANCE
(_____ # of Waivers) X (\$500/Waiver) + \$750 TOTAL= \$ _____

WAIVER(S) to the BOARD OF SUPERVISORS
(_____ # of Waivers) X (\$850/Waiver) + 2,250 TOTAL= \$ _____

APPEAL to the BOARD OF SUPERVISORS \$ 2,250.00

EXCEPTIONS from SWM REGULATION \$500.00

CRPA WAIVER REQUEST OR MITIGATION/RESTORATION \$200.00

DEPARTURE from DESIGN STANDARDS: DCSL
(_____ # of Departures) X (\$850/Waiver) + \$2,250 TOTAL= \$ _____

ALTERNATIVE COMPLIANCE: DCSL \$300.00

SUBTOTAL \$ _____

+2.75% \$ _____

GRAND TOTAL \$ _____

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 this request for review and approval 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 Code for 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 Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Stafford County Code for zoning districts in which this project is located.

Signature of Applicant/Agent	Printed Name	Date
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