

# COMPREHENSIVE PLAN COMPLIANCE REVIEW

## APPLICATION



OCTOBER 2018

### Stafford County Department of Planning & Zoning

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

Phone: 540-658-8668

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## 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.

## Application Submittal Checklist

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- Completed **“Project Information & Primary Contacts”** form (Page 3)
- Signed **“Statements of Understanding”** from the owner(s) and applicant (Page 4)
- Completed **“General Information”** sheet (Pages 5 & 6)
- Completed **“Review Fee Calculation”** sheet and appropriate fees payable to “County of Stafford” and “Virginia Department of Transportation” (if applicable) (Page 7)
- Completed **“List of Adjoining Property Owners”** (Pages 8 & 9)
- Site Layout Plans** (12 Sets)

Applications for the **Extension of Water and/or Sewer outside the Urban Services Area** shall also include:

- Conceptual sewer and/or water line layout plan

Applications for **Telecommunication Facilities** shall also include:

- Propagation Maps showing the existing and proposed network coverage area (12 color copies)
- Profile or elevation views of the Telecommunication facility or structure being used to support telecommunication equipment, showing all proposed and future antenna locations (12 sets)

RECEIVED DATE: _____ INITIALS _____	OFFICIALLY SUBMITTED DATE: _____ INITIALS _____
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### Optional Application Materials:

Although not required, the following additional materials are requested to be included with the initial application submission, if available, to assist in the review process.

1. Electronic Version of any plans, surveys, and illustrations (a pdf on a CD, DVD, sent via email, or through ftp site is acceptable)

## Project Information & Primary Contacts

<u>PROJECT INFORMATION</u>	<u>PROJECT #</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 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	
_____	_____	_____	

## 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 comprehensive plan compliance for review and approval as provided under the requirements and applicable provisions of Section 15.2-2232 of the Code of Virginia and the Stafford County Comprehensive Plan.

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 comprehensive plan compliance for review and approval as provided under the requirements and applicable provisions of Section 15.2-2232 of the Code of Virginia and the Stafford County Comprehensive Plan.

Signature of Applicant/Agent	Printed Name	Date
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\* Additional sheets may be used, if necessary.

### General Information

CLEARLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PROJECT:

NAME OF PROJECT: \_\_\_\_\_ SECTION: \_\_\_\_\_

Is this application submitted in conjunction with another application?     Yes     No

If YES, application name or number (if available): \_\_\_\_\_

COMPREHENSIVE PLAN LAND USE DESIGNATION: \_\_\_\_\_

FEATURE REQUIRING REVIEW FOR COMPLIANCE WITH THE COMPREHENSIVE PLAN:

- Extension of sewer outside of the Urban Service Area (complete additional information)
- Telecommunication facility or collocation of telecommunication antennas on a structure which is not a telecommunication facility. (complete additional information)
- New or relocation of a street, connection or change to existing street, not identified on the Transportation Plan or not shown on a Preliminary Subdivision or Site Plan approved by the Planning Commission.
- Public Park or Area
- Public Building or Structure
- Public Utilities Facilities
- Public Service Corporation Facility
- Other: \_\_\_\_\_

DETAILED DESCRIPTION AND LOCATION OF PROJECT/FEATURE:

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COMPLETE ADDITIONAL INFORMATION IF APPLICABLE:

**FOR EXTENSION OF SEWER OUTSIDE OF THE URBAN SERVICE AREA:**

Number of lots connecting onto sewer: \_\_\_\_\_

Linear feet from existing sewer: \_\_\_\_\_

Connects to existing sewer outside of the Urban Service Area?     Yes     No

Will sewer extend outside the limits of the site?       Yes       No

If yes, how many existing dwellings would have access to the sewer? \_\_\_\_\_

Pump station required?     Yes       No

Type of proposed sewer:

Gravity

Low Pressure

Type:       Grinder

Ejector

Other: \_\_\_\_\_

**FOR TELECOMMUNICATION FACILITIES:**

New telecommunication facility

Height of tower: \_\_\_\_\_

Type of tower:       Monopole

Self-supporting lattice

Guide wire

Stealth

Other; \_\_\_\_\_

Collocation on existing structure other than a telecommunication facility

Type of structure: \_\_\_\_\_

Height of structure (without antennas): \_\_\_\_\_

Total height of structure with antennas (not including lightning rod): \_\_\_\_\_

Number of antennas: \_\_\_\_\_

Telecommunication ground equipment?       Yes  No

Within existing compound?       Yes  No

Type of ground equipment:       Unmanned shelter

Cabinets

Dimensions of telecommunication ground equipment: \_\_\_\_\_

Height of the telecommunication ground equipment: \_\_\_\_\_

**Review Fee Calculations**

A. Application Fee: .....	\$ <u>300.00</u>
B. Technology Fee (Application Fee x 2.75% or 0.0275).....	\$ <u>8.25</u>
<b>TOTAL (Add lines A and B).....</b>	<b>\$ <u>308.25</u></b>

**MAKE CHECK PAYABLE TO "STAFFORD COUNTY"**

Note: The application fees are for the administrative process and review of this application and do not constitute an approval.



### List of Adjoining Property Owners

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 subject to this application. If the application applies to only a portion of a parcel, the entire parcel must be the basis for the below listing.

Provide additional pages if needed.

_____	_____	
TAX MAP / PARCEL	NAME	
_____		
MAILING ADDRESS		
_____		
CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	
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MAILING ADDRESS		
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