



# Land Conservation Nomination Form

**Please Note:** Provide all information required by typing or clearly printing in black ink. Land Conservation Award Nomination deadline will be posted online at [www.fairfaxcounty.gov/dpwes/landconservationawards/](http://www.fairfaxcounty.gov/dpwes/landconservationawards/). Return the completed form to the following address or email to: [Skip.Raynor@fairfaxcounty.gov](mailto:Skip.Raynor@fairfaxcounty.gov).

Land Conservation Awards Nomination  
Attn: Skip Raynor  
Land Development Services, Site Development and Inspection Division  
12055 Government Center Parkway, Suite 535  
Fairfax, VA 22035

## Project Information

Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Magisterial District: \_\_\_\_\_ Priority Rating: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Acreage Disturbed: \_\_\_\_\_

Is the project located in a Resource Protection Area?  Yes  No

## Category

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="radio"/> Infill Lot                      | <input type="radio"/> Large Commercial | <input type="radio"/> Linear Project  |
| <input type="radio"/> Large Single Family Residential | <input type="radio"/> Small Commercial | <input type="radio"/> Special Project |
| <input type="radio"/> Small Single Family Residential |  |                                       |

## Owner/Developer Information

Owner/Developer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Site Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Engineering Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

County Site Inspector: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Basis for Nomination

### THE PLAN

1. Can the plan be successfully implemented in the field? .....  Yes  No  N/A
2. Does the plan address Phase I and Phase II field conditions? .....  Yes  No  N/A
3. Were significant changes made to the approved plan? .....  Yes  No  N/A

### THE SITE SUPERINTENDENT

4. Familiar with plan? .....  Yes  No  N/A
5. Cooperative with affected parties? .....  Yes  No  N/A

### THE SITE

#### Mechanical Controls

6. Were controls built prior to start of major clearing and grading? .....  Yes  No  N/A
7. Do controls shown on the plan exist in the field? .....  Yes  No  N/A
8. Has the site been well maintained from the start? .....  Yes  No  N/A

#### Vegetative Controls

9. Have areas been seeded for temporary vegetation within time specified? .....  Yes  No  N/A

#### Damages

10. Are there any visible off-site damages? .....  Yes  No  N/A

#### Violations

11. Were any violations of Chapter 104 issued to date? .....  Yes  No  N/A
12. Were they promptly corrected for release? .....  Yes  No  N/A

***Please provide additional information supporting this nomination on a separate sheet.***

Nominator's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_