PLAN APPROVAL INFORMATION

RELATED INFORMATION	REQUIRED	NOT REQUIRED	COUNTY I.D. NUMBER	COMMENTS/SHEET NO.
1. CONCURRENT PROCESSING				
2. MODIFIED PROCESSING				
3. MAXIMUM DENSITY ADJUSTMENTS BASED ON Z.O. 2-308				
4. AFFORDABLE DWELLING UNITS				
5. WORK FORCE UNITS				
6. R.P.A. DELINEATION				
7. FLOOD PLAIN STUDY				
8. DRAINAGE STUDY				
9. BATHYMETRIC SURVEY (SW-10)				
10. CHESAPEAKE BAY ACT EXCEPTION				
11. WATER QUALITY IMPACT ASSESSMENT				
12. SOILS REPORT				
13. ONSITE EASEMENTS				
14. OFFSITE EASEMENTS				
15. NOTARIZED LETTERS OF PERMISSION				
16. ARCHITECTURAL REVIEW BOARD APPROVAL				
17. RETURN PLAN TO B.O.S. PRIOR TO APPR.				
18. RETURN PLAN TO P.C. PRIOR TO APPR.				
19. ADJACENT PROPERTY OWNER NOTICES				
20. OFFSITE UTILITY WORK NOTICES				
21. MAJOR UNDERGROUND UTILITY NOTICES				
22. REZONING/SPECIAL EXCEPTION/SPECIAL PERMIT APPROVAL				
23. B.O.S./B.Z.A. CLERK LETTER/RESOLUTION				
24. REZONING PROFFERS/CONDITIONS				
25. REZONING DEVELOPMENT PLAN				
26. B.Z.A. VARIANCE APPROVAL				
27. WETLANDS/WATERS OF THE U.S. PERMIT				DATE SENT TO ACOE: PERMIT RECEIVED: PERMIT NO.
28. STATE REGULATED DAM PERMIT				PERMIT RECEIVED: PERMIT NO.
29. LOCATED IN DAM BREAK INUNDATION ZONE (STATE REGULATED DAMS) 2 EXTRA PLAN SETS REQUIRED				DAM NAME: DAM NO.:
30. FEMA LETTER OF MAP REVISION				DATE CLOMR RECEIVED:
31. VEGETATED ROOF NOTE				
32. OVERLAY DISTRICT INFORMATION				
33. TREE BANKING				
34. TREE FUND				
35. GREEN PROJECT CERTIFICATION FOR GREEN PRIORITY PLAN REVIEW				
36. STREET LIGHTS				
MODIFICATIONS/WAIVERS				

SOLID WASTE AND RECYCLING: ALL PROPERTIES ARE REQUIRED TO RECYCLE. DESIGNS FOR ALL PROPERTIES MUST PROVIDE ADEQUATE CONTAINERS/STRUCTURES FOR THE SEPARATE MANAGEMENT OF RECYCLABLES AND TRASH.

SINGLE-FAMILY DETACHED AND TOWNHOUSE DEVELOPMENTS

I CERTIFY THAT THE SITE DEPICTED ON THIS PLAN IS (CHECK APPLICABLE STATEMENT):

___ IN A SANITARY DISTRICT WHERE TRASH AND RECYCLING COLLECTION IS CONDUCTED BY FAIRFAX COUNTY AND THAT I HAVE INFORMED THE PROPERTY OWNER OF THIS CONDITION.

___ NOT IN A SANITARY DISTRICT AND TRASH AND RECYCLING COLLECTION WILL BE CONDUCTED BY A PRIVATE COMPANY.

NON-RESIDENTIAL PROPERTIES, INCLUDING BUSINESSES, SCHOOLS AND INSTITUTIONS, AND MULTI-FAMILY PROPERTIES, INCLUDING CONDOMINIUMS AND APARTMENTS.

I CERTIFY THAT (ALL STEPS MUST BE COMPLETED):

___ I HAVE COMPLETED A WASTE STREAM CALCULATION WORKSHEET FOR THIS PROPERTY.

___ I HAVE INDICATED ON THE PLAN THE LOCATION AND TYPE OF TRASH AND RECYCLING CONTAINERS AND STRUCTURES. SEE SHEET NUMBER ___ IN _____BUILDNG.

___ THE TRASH AND RECYCLING MANAGEMENT CONTAINERS/STRUCTURES ON THIS PLAN ARE ADEQUATE TO MEET THE MINIMUM RECYCLING REQUIREMENT AS DESCRIBED ON THE WASTE STREAM CALCULATION WORKSHEET.

SANITARY SEWER INFORMATION

WASTEWATER TREATMENT PLANT _____

___ THIS SITE IS SUBJECT TO _____ SANITARY SEWER REIMBURSEMENT CHARGES.

___ THIS SITE IS SERVED BY ONSITE SEWAGE TREATMENT SYSTEM(S).

INFORMATION REGARDING ACTIVITIES IN A RESOURCE PROTECTION AREA

ACTIVITY	YES/NO
CONSTRUCTION ACTIVITIES IN A RESOURCE PROTECTION AREA (IF YES, INDICATE TYPE BELOW)	
REDEVELOPMENT PRINCIPAL STRUCTURE	
REDEVELOPMENT ACCESSORY STRUCTURE	
PUBLIC ROADS	
PRIVATE ROADS	
DRIVEWAYS	
STORMWATER OUTFALL	
OTHER (INDICATE TYPE):	

TREE PRESERVATION

TREE PRESERVATION TARGET DEVIATIONS OR MODIFICATIONS ARE BEING REQUESTED.

YES ☐ NO ☐ N/A ☐

POTENTIAL FOR WETLANDS

IS THE DISTURBED AREA LOCATED IN A WETLANDS AREA DEPICTED ON THE NATIONAL WETLANDS INVENTORY MAP? YES☐ NO☐

IS THE DISTURBED AREA LOCATED IN AN ESTIMATED WETLANDS AREA DEPICTED ON THE COUNTY POTENTIAL WETLAND AREA MAP? YES☐ NO ☐

IF YES, TO EITHER OF THE TWO QUESTIONS ABOVE, PROVIDE EVIDENCE OF APPROVED PERMIT OR VERIFICATION THAT NO PERMIT FROM THE ARMY CORPS OF ENGINEERS IS REQUIRED BEFORE PLAN IS APPROVED.

NOTES AND CONDITIONS

1. THE APPROVAL OF THESE PLANS SHALL IN NO WAY RELIEVE THE DEVELOPER OR HIS AGENT OF ANY LEGAL RESPONSIBILITIES WHICH MAY BE REQUIRED BY THE CODE OF VIRGINIA OR ANY ORDINANCE ENACTED BY THE COUNTY OF FAIRFAX.
2. THE DESIGN, CONSTRUCTION, FIELD PRACTICES, AND METHODS SHALL CONFORM TO THE REQUIREMENTS SET FORTH IN THE FAIRFAX COUNTY CODE AND IN THE PUBLIC FACILITIES MANUAL AS AMENDED. FAILURE TO COMPLY WITH THE FAIRFAX COUNTY CODE, THE PUBLIC FACILITIES MANUAL, THE APPROVED PLANS, AND THE PROVISIONS OF THE DEVELOPMENT AGREEMENT AND PERMIT SHALL BE DEEMED A VIOLATION.
3. WATER DISTRIBUTION NOTE: ALL FIRE PROTECTION SYSTEMS WHICH ARE INSTALLED IN COMPLIANCE WITH THESE PLANS AND COUNTY OF FAIRFAX ORDINANCES SHALL BE MAINTAINED IN AN OPERATIVE CONDITION AT ALL TIMES. WHEN NECESSARY TO TEMPORARILY REDUCE OR DISCONTINUE THE PROTECTION IN ORDER TO MAKE TESTS, REPAIRS, ALTERATIONS OR ADDITIONS, NOTIFY THE FAIRFAX COUNTY PUBLIC SAFETY COMMUNICATIONS CENTER AT 703-691-2131.
4. A PERMIT MUST BE OBTAINED FROM THE VIRGINIA DEPARTMENT OF TRANSPORTATION, NORTHERN VIRGINIA DISTRICT, BEFORE ANY CONSTRUCTION IS STARTED ON ANY EXISTING STATE ROUTE. CONTACT THE VIRGINIA DEPARTMENT OF TRANSPORTATION THREE WORKING DAYS BEFORE EXCAVATION IN ANY STATE RIGHT OF WAY AT 703-259-1773.
5. CONTRACTORS SHALL NOTIFY THE "MISS UTILITY" NOTIFICATION CENTER AT 1-800-552-7001 FOR ANY PROPOSED EXCAVATION, DEMOLITION, OR BLASTING AT LEAST TWO WORKING DAYS PRIOR TO COMMENCEMENT OF EXCAVATION DEMOLITION, OR BLASTING IN ACCORDANCE WITH THE VIRGINIA UNDERGROUND UTILITY DAMAGE PREVENTION ACT. IN ADDITION, NAMES AND TELEPHONE NUMBERS SHALL ALSO BE USED TO SERVE IN AN EMERGENCY CONDITION AS REQUIRED BY SECTION 63-2-2 OF THE FAIRFAX COUNTY CODE.
6. THE COUNTY INSPECTOR SHALL BE NOTIFIED WHEN ANY IMPROVEMENTS PERTINENT TO HIS INSPECTION DUTIES ARE BEING INSTALLED. SPECIFIC REQUIREMENTS ARE:
   A. THE COUNTY SITE INSPECTOR IS TO BE NOTIFIED AT LEAST 3 DAYS PRIOR TO START OF CONSTRUCTION.
   B. A MINIMUM OF 24 HOURS NOTICE IS REQUIRED WHEN REQUESTING RESIDENTIAL OR NON-RESIDENTIAL USE PERMITS.
   C. A MINIMUM OF 48 HOURS NOTICE IS REQUIRED WHEN REQUESTING TESTS PERTAINING TO SANITARY SEWER ACCEPTANCE.

PROFESSIONAL SEAL AND SIGNATURE — DATE _____

PROFESSIONAL SEAL AND SIGNATURE — DATE _____

PROFESSIONAL SEAL AND SIGNATURE — DATE _____

DESIGNATED PLANS EXAMINER (DPE) CERTIFICATE

1ST SUBMISSION REVIEWED & RECOMMENDED FOR SUBMISSION

D.P.E. SIGNATURE & PRINTED NAME

DATE:_____ REG. NO.:_____

2ND SUBMISSION REVIEWED & RECOMMENDED FOR APPROVAL

D.P.E. SIGNATURE & PRINTED NAME

DATE:_____ REG. NO.:_____

POST SUBMISSION CONFERENCE DATE: _____

ZONING REQUIREMENTS

1) ZONING _____
2) AVERAGE LOT AREA _____ (SQ. FT.)
3) MIN. LOT AREA _____ (SQ. FT.)
4) MIN. LOT WIDTH _____ (FT.)
5) MAX. BUILDING HEIGHT _____ (FT.)
6) NUMBER OF FLOORS _____ (Commercial/Industrial ONLY)
7) MIN. YARD REQUIREMENTS:
   FRONT_____ (FT.) SIDE _____ (FT.) REAR_____ (FT.)
8) MAXIMUM FAR _____
9) MAXIMUM DENSITY _____ (D.U./AC.)
10) OPEN SPACE REQUIRED_____ % _____ (SQ. FT.)
11) ANGLE OF BULK PLANE: FRONT_____ SIDE _____ REAR_____
    (DETAIL(S) ON SHEET __)
12) OVERLAY DISTRICT(S)_____

SITE PLAN (SP) TABULATIONS

1) SITE AREA _____ (ACRES)_____ (SQ. FT.)
2) AREA OF STREET DEDICATION _____ (SQ, FT.)
3) USE _____
4) NUMBER OF LOTS _____
5) AREA OF LOTS _____ (SQ. FT.)
6) DENSITY _____ (D.U./AC.)
7) EXISTING BUILDING GROSS FLOOR AREA_____ (SQ. FT.)
8) PROPOSED BUILDING GROSS FLOOR AREA _____ (SQ. FT.)
9) EXISTING BUILDING NET FLOOR AREA _____ (SQ. FT.)
10) PROPOSED BUILDING NET FLOOR AREA _____ (SQ. FT.)
11) TOTAL FLOOR AREA RATIO (FAR) FOR ENTIRE SITE_____
12) PROPOSED BUILDING HEIGHT_____ (FT.)
13) PROPOSED NUMBER OF FLOORS _____ COMMERCIAL/INDUSTRIAL ONLY
14) TOTAL HANDICAPPED PARKING REQUIRED_____
15) TOTAL HANDICAPPED PARKING PROVIDED_____
16) TOTAL HANDICAPPED VAN SPACES REQUIRED_____
17) TOTAL HANDICAPPED VAN SPACES PROVIDED_____
18) TOTAL PARKING SPACES REQUIRED _____
19) TOTAL PARKING SPACES PROVIDED _____
20) LOADING SPACES REQUIRED_____
21) LOADING SPACES PROVIDED_____
22) OPEN SPACE PROVIDED_____ % _____ (SQ. FT.)

FIRE MARSHAL NOTES

AVAILABLE FIRE FLOW _____ (GAL./MIN.)

SOURCE OF FIRE FLOW INFO._____

TYPE OF CONSTRUCTION - USBC _____

USE GROUP CLASSIFICATION - USBC_____

BUILDING HEIGHT _____ (FT.)

BUILDING TO BE FULLY SPRINKLERED YES☐ NO☐

IF YES, CHECK APPROPRIATE STANDARD: NFPA 13 ☐; NFPA 13D ☐; NFPA 13R☐
SEE PFM CHAPTER 9, PART 2 FOR FULL INFORMATION REQUIRED. FIRE FLOW REQUIREMENTS TO BE DETERMINED BY THE FIRE PREVENTION DIVISION.
[SEE PUBLIC WATER AGENCY NOTES ON SHEET _____.]

VICINITY MAP

SCALE:_____

SIDEWALK MAINTENANCE: XXXX-VDOT, 0000-FFX CO
TRAIL MAINTENANCE: 0000-FFX CO
ALL OTHER WALKS/TRAILS TO BE OWNER MAINTAINED

TAX MAP REFERENCE NUMBER(S)

MAP PAGE #	DOUBLE CIRCLE #	BLOCK (SINGLE CIRCLE #)	LOT/PARCEL(S) #

COUNTY SOILS MAP DATA

SCALE: _____

SOIL ID NUMBERS	SOIL SERIES NAME	FOUNDATION SUPPORT	SOIL DRAINAGE	EROSION POTENTIAL	PROBLEM CLASS

IS THE SITE LOCATED ON NATURALLY OCCURRING ASBESTOS (NOA) SOIL? YES☐ NO☐

AREAS THAT MAY CONTAIN NOA SOIL ARE SHOWN ON THE OFFICIAL COUNTY SOILS MAP ON THE DIGITAL MAP VIEWER ON THE COUNTY WEBSITE. ASBESTOS IS REGULATED BY THE VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY. SAFETY PRECAUTIONS AND LINKS TO REGULATIONS REGARDING THESE SOILS OR FILL ORIGINATING FROM THEM CAN BE FOUND ON THE NORTHERN VIRGINIA SOIL AND WATER CONSERVATION DISTRICT WEBSITE: WWW.FAIRFAXCOUNTY.GOV/NVSWCD

STORMWATER INFORMATION

COUNTY STORMWATER PERMIT REQUIRED? YES ☐ NO ☐ VPDES PERMIT COVERAGE REQUIRED YES☐ NO☐

SWM FACILITIES DESIGNED USING:

TECHNICAL CRITERIA 5 ☐ (OLD)
TIME LIMITS ☐ VPDES PERMIT NO. (IF TIME LIMITS): _____
GRANDFATHERED ☐ DEQ MEMO 14-2014 ☐
NEW DEVELOPMENT ☐ REDEVELOPMENT ☐

TECHNICAL CRITERIA 4 ☐ (NEW)
TYPE OF DEVELOPMENT: NEW DEVELOPMENT ☐ REDEVELOPMENT ☐
NEW+REDEVELOPMENT (i.e. REDEVELOPMENT WITH A NET INCREASE IN IMPERVIOUS AREA) ☐

HIGH DENSITY POLYETHYLENE (HDPE) PIPE USED ON THIS PROJECT YES ☐ NO ☐

WATER QUALITY OPTION: NONE ☐
NON-POINT NUTRIENT CREDITS ☐ COMPREHENSIVE SWM PLAN ☐
OFF-SITE FACILITY ☐ EXISTING ONSITE FACILITY ☐

SWM FACILITIES (PROPOSED ONLY)

FACILITY ID NO.	FACILITY TYPE	PURPOSE (QUALITY/ QUANTITY)	AREA TREATED (ACRES)	LATITUDE (DECIMAL DEGREE)	LONGITUDE (DECIMAL DEGREE)	WATERSHED	RECEIVING WATERS	MAINTENANCE AGREEMENT Y/N	VAHU6 CODE	LENGTH/ AREA OF FACILITY	UNIT (FT/ SF)	NO. OF BLDG. SERVED (FOR ROOFTOP DISCONNECT)

DISTURBED AREA (DA) WITHIN WATERSHED(S):

WATERSHED 1 _____ DA=_____ (ACRES) WATERSHED 2 _____ DA=_____ (ACRES) TOTAL DISTURBED AREA=_____ (ACRES)

ENGINEER'S/SURVEYOR'S CERTIFICATE:

THIS PROPERTY IS IN THE NAME OF _____

AS RECORDED IN DEED BOOK_____ PAGE_____ OF THE LAND RECORDS OF FAIRFAX COUNTY, VA.

OWNER INFORMATION

( ) OWNER
( ) TRUSTEE

( ) A CORPORATION
( ) A PARTNERSHIP
( ) AN INDIVIDUAL

NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

DEVELOPER INFORMATION

( ) DEVELOPER
( ) CONTRACT OWNER
( ) LESSEE

( ) A CORPORATION
( ) A PARTNERSHIP
( ) AN INDIVIDUAL

NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

WETLANDS PERMITS CERTIFICATION

I HEREBY CERTIFY THAT ALL WETLANDS PERMITS REQUIRED BY LAW WILL BE OBTAINED PRIOR TO COMMENCING WITH LAND DISTURBING ACTIVITIES.

SIGNATURE _____

OWNER/DEVELOPER _____

NAME _____ TITLE _____

NOTE: PERMITS MUST BE PRESENTED TO THE COUNTY INSPECTOR PRIOR TO LAND DISTURBANCE.

DATE	RECOMMEND APPROVAL (SIGNATURE & PRINTED NAME)
	STREETLIGHT REVIEW - DPWES
	PUBLIC WATER AGENCY
	SANITARY SEWER REVIEW - DPWES
	URBAN FOREST MANAGEMENT REVIEW - DPWES
	FAIRFAX COUNTY FIRE MARSHAL
	FAIRFAX COUNTY HEALTH DEPARTMENT
	VIRGINIA DEPARTMENT OF TRANSPORTATION
	GEOTECHNICAL REVIEW, DPWES
	STORMWATER REVIEW, DPWES
	PLAN REVIEWER - DPWES
	DIRECTOR, SITE DEVELOPMENT & INSPECTIONS DIVISION, LDS, - DPWES

APPROVED

DATE _____ BY_____
DIRECTOR, DEPT. OF PUBLIC WORKS AND ENVIRONMENTAL SERVICES

THIS PLAN SHALL EXPIRE WITHOUT NOTICE IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE COUNTY CODE. REVISIONS DO NOT EXTEND THE APPROVAL PERIOD. THE APPROVAL PERIOD IS INDEPENDENT OF THE AGREEMENT EXPIRATION DATE.

THIS APPROVAL IS NOT A COMMITMENT TO PROVIDE PUBLIC SANITARY SEWER

CERTIFICATE OF NO CHANGE (FOR SUBMISSION OTHER THAN THE FIRST)

I HEREBY CERTIFY THAT NO CHANGES HAVE BEEN MADE THAT WOULD AFFECT PRIOR APPROVAL BY THE

FIRE MARSHAL DATED_____
WATER AUTHORITY DATED_____
HEALTH DEPARTMENT DATED_____
VDOT DATED _____
DPWES-SAN. SEWER DATED_____
DPWES-STREETLIGHTS DATED_____
UFMD DATED _____

SHEET INDEX

1. COVER SHEET

DESIGN ENGINEER / SURVEYOR

FIRM NAME: _____
ADDRESS: _____
PHONE NO: _____ FAX NO: _____
PROJ. MANAGER: _____ EMAIL: _____

SITE PLAN OR PUBLIC IMPROVEMENT PLAN COVERSHEET

PROJECT NAME OR PHASE
SECTION

DISTRICT
FAIRFAX COUNTY, VIRGINIA

COUNTY NUMBER
0000-XX-00-

PLAN REVIEWER _____

SHEET 1 OF ___

REVISED: 3/16