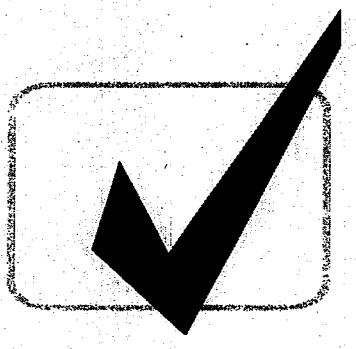
2/19/02

Chesterfield County

SITE PLAN APPLICATION & CHECKLIST



For further reference, please ask for complete departmental checklists.

Chesterfield County
Planning Department
Chesterfield, VA 23832
(804) 748-1050
tel: (804) 748-1050
fax: (804) 717-6295
website:
www.co.chesterfield.gov/plan

Planning to sustain, build and enhance Chesterfield County

FOR OFFICE USE ONLY	
Rec'd by	Case No.
Date Rec'd	Fee Amount
Time Rec'd	Receipt No.
Reviewed by	Anticip. Hearing Date

SITE PLAN REVIEW APPLICATION

(commercial, industrial, multi–family, office and/or institutional)

APPLICANT TO COMPLETE THE FOLLOWING INFORMATION IN FULL

Project Name: _____

Location: _____

Approx. # feet to nearest intersection: _____

Enterprise Zone? Yes_____ No_____

Reviewed and approved by (circle one):

- Director of Planning (A) (Admin. Review)
- Planning Commission (C) (Public Hearing)

Project Type (circle one):

- Agricultural (AG)
- Commercial (C)
- Industrial (I)
- Multi–Family (MF)
- Public/Semi–Public (PS)

Submittal Type with # of plans required to be submitted for review (circle one):

- Erosion Control (4)
- Development Standards Waiver (8)
- Landscape Plan (2)
- Minor Site Plan (8)
- Schematic (8)
- Site Plan (13)
- Appeal (no plans)
- Site Plan Adjustment (12) Case# _____

Statistical Summary:

A) Hotel/motel (Y/N) # of rooms ____
B) Multi–family/condo/mobile home (Y/N) # of dwelling units _____
C) Maximum building height in feet _____
D) Number of floors _____
E) Number of buildings _____
F) Total gross bldg. sq. ft. _____
G) Public water (Yes / No)
H) Public sewer (Yes / No)
I) Total site acreage _____
J) Total disturbed acreage (base fee on this amount _____

List all related zoning cases & attach copies of all approved minutes:

_____
_____
_____
_____

Comments: _____
_____
_____

APPLICANT INFORMATION

If applicant or others associated with project are not already registered with the planning department, please complete applicant registration form. Previously registered information must be verified for accuracy.

Applicant One _____ Regist. No. _____
(Owner and/or Developer)

Applicant Two _____ Regist. No. _____
(Co-Applicant)

Agent One _____ Regist. No. _____
(Site Design Consultant)

Agent Two _____ Regist. No. _____
(Attorney or other)

SUBJECT PARCEL INFORMATION

This data can be obtained from the Planning Department.

Tel (804)748-1050 Fax (804)717-6295 E-mail: planning@chesterfield.gov

Attach a GIS map showing location(s) of subject parcel(s). Contact Environmental Engineering at (804)748-1037.

SHADED AREA FOR OFFICE USE ONLY

GPIN		Partial Parcel?	Site Acreage	Zoning	Existing Land Use	Zoning Sheet	Magisterial District	Plan Area
Address		YES NO						

GPIN		Partial Parcel?	Site Acreage	Zoning	Existing Land Use	Zoning Sheet	Magisterial District	Plan Area
Address		YES NO						

GPIN		Partial Parcel?	Site Acreage	Zoning	Existing Land Use	Zoning Sheet	Magisterial District	Plan Area
Address		YES NO						

GPIN		Partial Parcel?	Site Acreage	Zoning	Existing Land Use	Zoning Sheet	Magisterial District	Plan Area
Address		YES NO						

GPIN		Partial Parcel?	Site Acreage	Zoning	Existing Land Use	Zoning Sheet	Magisterial District	Plan Area
Address		YES NO						

GPIN		Partial Parcel?	Site Acreage	Zoning	Existing Land Use	Zoning Sheet	Magisterial District	Plan Area
Address		YES NO						

GPIN		Partial Parcel?	Site Acreage	Zoning	Existing Land Use	Zoning Sheet	Magisterial District	Plan Area
Address		YES NO						

GPIN		Partial Parcel?	Site Acreage	Zoning	Existing Land Use	Zoning Sheet	Magisterial District	Plan Area
Address		YES NO						

INVESTIGATION WORKSHEET FOR GRAVES, MEMORIALS AND PLACES OF BURIAL

I have investigated property located at _____
(Street Address)

and described as _____ and _____ which is
(Geographic Parcel Identification number) (Tax Map Number)

undergoing either site plan or subdivision review by Chesterfield County and find that:

_____ (a) Graves, objects or structures marking places of burial **exist** on the property.

_____ (b) Graves, objects or structures marking places of burial **do not exist** on the property.

This information was verified by:

_____ (a) Deed description
_____ (b) Visual verification
_____ (c) Soil borings
_____ (d) _____

Any such feature has been identified on the proposed Site Plan or Subdivision Plan and generally is comprised by the following: _____

Signature: _____ Date: _____

Printed name: _____ Phone number: _____

The following space is for use by the Historical Society:

Verified by: _____ Phone number: _____

Date: _____ Fax number: _____

Comments: _____

If you have any questions regarding this form or the level of site investigation required, please telephone the Planning Department at (804) 748-1050/ 717-6295 (FAX)

SITE UTILIZATION SURVEY FORM

CHESTERFIELD COUNTY
INDUSTRIAL WASTE PRETREATMENT PROGRAM
DEPARTMENT OF UTILITIES
P.O. BOX 40
CHESTERFIELD COUNTY, VIRGINIA 23832

BUSINESS NAME: _____ **ACCOUNT NUMBER:** _____

SERVICE ADDRESS: _____ **SIC CODE #** _____
(Standard Industrial Classification)

MAILING ADDRESS: _____ **SIC CODE TITLE/DESCRIPTION/GROUP:**

(City/ County) _____ (State) _____ _____

PHONE NUMBER: ( ) _____

CERTIFICATION STATEMENT
I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND REPRESENTS, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION REQUESTED. I ALSO ACKNOWLEDGE THAT I AM THE MOST QUALIFIED PERSON ON SITE TO ASSESS THE OPERATIONS OF THIS BUSINESS.

SIGNATURE	TITLE	COMPANY NAME	DATE

PRINT or TYPE NAME _____

QUESTIONS	YES ✔	NO ✔
1. **Does the facility utilize Chesterfield County's Sanitary Sewer System?** **If YES, please answer the following:** (Circle which used) Average Estimated Daily Wastewater Discharged _____ Gallons/CCF per day (You may write in the CCF total from your most recent water bill in lieu of gallons per day) Total Number of Employees _____	____	____
2. **Are hauled waste services utilized at any time of the year?** **If YES, please check all that apply:** Septic Tank _____ Grease Trap _____ Grit Trap _____ Oil/Water Separator _____ Other: (describe)_____	____	____
3. **Is this facility located in a strip mall or other multi-unit building?**	____	____
4. **Does your business discharge, or have the potential to discharge, a waste product to the sewer system *OTHER THAN* normal sanitary wastewater?**	____	____

5. **Provide a brief description of the business(es) at this address. Also, list any operations or processes which may be associated with this address.**

_____

_____

_____

6. Please list all chemicals and raw materials that are used/stored at the site:(Attach a list if necessary)

Name of Chemical/Raw Material	Quantity Stored Onsite	Common Use for Chemical at Site

7. Please check all that apply to the site.

	ALUMINUM FORMING		GLASS MANUFACTURING		PETROLEUM REFINING
	ASBESTOS MANUFACTURING		INDUSTRIAL LAUNDERER		PESTICIDE MANUFACTURING
	BATTERY MANUFACTURING		INK FORMULATING		PESTICIDE FORMULATING & PACKAGING
	BUILDER'S PAPER AND BOARD MILLS		INORGANIC CHEMICALS		PESTICIDE APPLYING, STORAGE, DISTRIBUTION, & SELLING
	CARBON BLACK MANUFACTURING		IRON & STEEL		PHARMACEUTICALS
	CENTRALIZED WASTE TREATMENT		LEATHER TANNING & FINISHING		PHOTOGRAPHIC PROCESSES
	COAL MINING		MACHINERY MANUFACTURING & REBUILDING		PORCELAIN ENAMELING
	COASTAL OIL & GAS		METAL FINISHING		PULP, PAPER & PAPERBOARD
	COIL COATING		METAL MOLDING & CASTING		RUBBER MANUFACTURING
	CAN MAKING		NONFERROUS METALS FORMING		SOAP & DETERGENT MANUFACTURING
	COPPER FORMING		NONFERROUS METALS MANUFACTURING		STEAM ELECTRIC
	ELECTRICAL & ELECTRONIC COMPONENTS		ONSHORE/STRIPPER OIL AND GAS		TIMBER PRODUCTS
	ELECTROPLATING		ORGANIC CHEMICALS, PLASTICS & SYNTHETIC FIBERS		TEXTILES
	FERROALLOY MANUFACTURING		PAINT FORMULATING		VEHICLE WASHING
	FERTILIZER MANUFACTURING		PAVING AND ROOFING		

NATURE OF BUSINESS

	MANUFACTURING/PROCESS		WAREHOUSE/WHOLESALE DISTRIBUTION		PACKAGING/REPACKAGING
	SERVICE RELATED		OFFICES ONLY		RETAIL

SIZING WATER SERVICE LINES AND METERS
DEPARTMENT OF UTILITIES CHESTERFIELD COUNTY, VIRGINIA

Fill in all spaces (Print or Type)

Customer_____ Address_____

Building Address_____ Zip Code_____ Type of Occupancy_____

Development Name_____ Tax Map No._____ Parcel No._____

Applicant_____ Signature_____

Title/Company_____ Daytime Phone #_____

I certify that the information on this form is true and correct.

Applicant's Signature_____

****

PART A Fixture	Fixture Value 35 psi		No. of Fixtures		Fixture Value
Bathtub	8	x	_____	=	_____
Bedpan Washers	10	x	_____	=	_____
Combination Sink and Tray	3	x	_____	=	_____
Dental Unit	1	x	_____	=	_____
Dental Lavatory	2	x	_____	=	_____
Drinking Fountain - Cooler	1	x	_____	=	_____
- Public	2	x	_____	=	_____
Kitchen Sink - ½" Connection	3	x	_____	=	_____
- ¾" Connection	7	x	_____	=	_____
Lavatory - ⅜" Connection	2	x	_____	=	_____
- ½" Connection	4	x	_____	=	_____
Laundry Tray - ½" Connection	3	x	_____	=	_____
- ¾" Connection	7	x	_____	=	_____
Shower Head (Shower Only)	4	x	_____	=	_____
Service Sink - ½" Connection	3	x	_____	=	_____
- ¾" Connection	7	x	_____	=	_____
Urinal - Pedestal Flush Valve	35	x	_____	=	_____
- Wall Flush Valve	12	x	_____	=	_____
- Trough (2 Ft. Unit)	2	x	_____	=	_____
Wash Sink (Each Set of Faucets)	4	x	_____	=	_____
Water Closet - Flush Valve	35	x	_____	=	_____
- Tank Type	3	x	_____	=	_____
Dishwasher - ½" Connection	5	x	_____	=	_____
- ¾" Connection	10	x	_____	=	_____
Washing Machine - ½" Connection	5	x	_____	=	_____
- ¾" Connection	12	x	_____	=	_____
- 1" Connection	25	x	_____	=	_____
Hose Connection (Wash Down) - ½"	6	x	_____	=	_____
- ¾"	10	x	_____	=	_____
Hose (50 Ft. Wash Down) - ½"	6	x	_____	=	_____
- ⅝"	9	x	_____	=	_____
- ¾"	12	x	_____	=	_____

Combined Fixture Value Total = =========

********** - OR - **********

PART B

(1) Domestic Demand (Verification by County Staff - See Conversion Table) = _____gpm

(2) Fixed Demand (To include all demands except for domestic & irrigation) = _____gpm

(3) Irrigation Demand (From Data Supplied by Site Engineer) = _____gpm

(4) Total Demand = _____gpm

(5) Meter Size based on Total Demand
(Verification by Co. Staff - Use Water Meter Sizing Table) = ==========

COUNTY USE ONLY Node No. _____ Actual Meter Size _____ Virtual Meter Size _____

Sized By _____ Date _____ Sewer _____

APP 7-12

LICENSE AGREEMENT FOR CHESTERFIELD COUNTY GIS HARDCOPY MAP PRODUCTS

This Agreement is made and entered into this___ day of _____, 19___, by and between the COUNTY OF CHESTERFIELD, VIRGINIA, a political subdivision of the Commonwelth of Virginia, hereinafter referred to as "COUNTY" and _____, hereinafter referred to as "LICENSEE."

WHEREAS, the COUNTY has printed maps describing the physical characteristics, jurisdictions, divisions, and subdivisions of Chesterfield County, hereinafter referred to as "GIS Maps."

WHEREAS the LICENSEE desires to obtain a limited license to copy certain GIS Maps upon the terms and conditions hereinafter set forth:

NOW, THEREFORE, in consideration of the payment noted in Addendum I and the mutual covenants contained herein, the LICENSEE and the COUNTY hereby agree as follows:

1. **LICENSE**.

A. The COUNTY hereby grants to the LICENSEE a nontransferable and nonexclusive right to copy the GIS Map entitled:

___ Tax Map Number:_____

___ Tax Map Centered on coordinates:_____

___ County Wall Map Titled:_____

Date produced: _____

purchased on _____ day of _____, 19___, for a fee noted on Addendum I.

B. The LICENSEE aggrees not to alter or misrepresent map symbology.

C. The LICENSEE must print the following statment adjacent to the map or portion of map copied from the original:

Copyright 1997 Chesterfield County, Virginia, Department of Environmental Engineering, P. O. Box 40, Chesterfield, Virginia 23832. The information on this publication may not be copied or reproduced in any form without permission in writing from the copyright owner.

Every effort has been made to verify the information contained in this publication. The County assumes no liability for damages arising from errors or omissions. Users are urged to notify Chesterfield County of inconsistencies so that corrections can be made in future publications. Phone (804) 748-1035 or write to Chesterfield County Department of Environmental Engineering, P. O. Box 40, Chesterfield, Virginia 23832.

FOR THE LICENSEE:	FOR CHESTERFIELD COUNTY:
Name:_____	Name:_____
Title:_____	Title:_____
Institution Name:	
_____	
Signature:_____	Signature:_____
Date:_____	Date:_____

APPLICATION FEE CALCULATION SHEET

APPLICATION REQUEST		FEE AMOUNT	
TYPE: _____	BASE FEE		
Zoning or Disturbed Acreage	_____ X $ _____ . _____		
# of Subdivision Lots	_____ X $ _____ . _____		
TYPE: _____	BASE FEE		
Zoning or Disturbed Acreage	_____ X $ _____ . _____		
# of Subdivision Lots	_____ X $ _____ . _____		
TYPE: _____	BASE FEE		
Zoning or Disturbed Acreage	_____ X $ _____ . _____		
# of Subdivision Lots	_____ X $ _____ . _____		
GENERAL NOTES:			
	TOTAL AMOUNT		

Please make check payable to: **Treasurer of Chesterfield County**

APPLICANT REGISTRATION FORM

Client # _____

Registration Code (circle most appropriate one):

01-Individual Applicant	02-Developer	03-Agent	04-Engineer
05-Surveyor	06-Lawyer	07-Other	08-Landscape Architect

Individual or Business Name _____

Contact Person (if business name listed above) _____

Fax Number (____) _____ **E-Mail** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Area Code (____) **Phone Number (H)** _____ **(W)** _____

Mailing Address (if different from address listed above) _____

City _____ **State** _____ **Zip Code** _____

SUBMITTAL CHECKLIST

ALL OF THE ITEMS LISTED BELOW MUST BE PROVIDED in order for your plans to be accepted for review. Please complete, print your name at the bottom and provide your telephone number. Please telephone the Planning Department at 748-1050 if you have any questions.

ITEM NUMBER		SHEET
1.	Project Name (on cover sheet & in title block of all sheets)	_____
2.	Geographic Parcel Identification Number(s) (GPIN) (shown on the title sheet & layout/site plan sheet)	_____
3.	Name, street address, phone & fax number of the developer/ owner/agent shown on the title sheet & layout sheet. The same information is needed for the person preparing the plan.	_____
4.	Location Map shown on the title sheet & layout sheet and shall be correct and clear.	_____
5.	Zoning of all adjacent properties shown on the layout sheet.	_____
6.	On site plan applications, and on the site plan, list the zoning of the property and all zoning, variance, substantial accord, and other cases that pertain to the site must be shown. Also, label which development district the site is in: Emerging Growth, Post Development, Jefferson Davis Corridor, Village District or other district.	_____
7.	List on the site plan the existing/proposed uses in the building and/or site.	_____
8.	An erosion and sediment control program administration fee must be included as follows:	

Area of Land Disturbance	Fee
10,000 SF or greater	$1,060.00 plus $50 per disturbed acre
2,500 SF to 9,999 SF	$ 100.00

ITEM NUMBER		SHEET
9.	The plans must bear a signed certification seal of a professional engineer, certified land surveyor, or architect with original signature and dated on cover.	_____
10.	An erosion and sediment control plan must be provided with construction narrative and erosion control details.	_____
11.	A drainage area map is required for all on-site and off-site drainage areas. (Maximum scale of 1"=200')	_____
12.	Existing and proposed grading contours must be provided on the plan and must have their elevations clearly labeled.	_____
13.	Calculations must be submitted to support the design of all proposed culverts, open ditches, drop inlets, and storm sewers on VDOT standard calculation sheets.	_____
14.	Profiles must be shown for all proposed storm sewers and outfall channels.	_____
15.	A highly visible note must be provided on the first sheet showing how compliance with the Chesapeake Bay Preservation Ordinance has been accomplished. If compliance has been achieved through the opt out procedure, the name of the person who performed the CBPA Opt-Out and date of the approval must be shown.	_____
16.	A data map must be submitted which outlines all drainage areas, impervious areas (existing and proposed), RPA and RMA limits, etc. which were used in determining compliance with the Chesapeake Bay Preservation Ordinance.	_____
17.	If public water and/or sewer are to be used, the plan must clearly depict the location and alignment of all proposed lines and how they will connect to the existing utility system.	_____
18.	Profiles must be shown for all proposed public water and/or sewer line extension.	_____
19.	Show required and proposed parking calculations based upon parking requirements listed in the Zoning Ordinance.	_____
20.	Provide ISO calculations on plans.	_____
21.	A site plan review fee must be included based upon the following: $900.00 + $60.00 per disturbed acre	_____

22. Submit completed copy of the VDOT Pre-construction Checklist including consultant's signature. _____

23. Submit completed copy of the VDOT Site Construction Plan Checklist including consultant's signature. _____

24. Thirteen (13) FOLDED sets of plans. _____

25. Applications that are to be heard by the Planning Commission require an 8 ½" X 11" or 8 ½" by 14" reduction copy of the site plan for staff reports.

_____ _____

Applicant's Name Phone number

_____ _____

Consultant's Name Phone number

You can assist the Planning Department front counter staff and speed up acceptance of your plans if you bring a G.I.S. map from Environmental Engineering with your site centered on the map. The cost is $1.00. For your own use, you can also get these G.I.S. maps with existing water, sewer, and fire hydrant information for $2.00 a map. Topography on the G.I.S. maps costs $12.00 (with water, sewer, and fire hydrants included).

REV: February 19, 2002 (Cklist-1/GEA)

VIRGINIA DEPARTMENT OF TRANSPORTATION
CHESTERFIELD RESIDENCY

SUBDIVISION AND SITE CONSTRUCTION PLAN SUBMITTAL CHECKLIST

PROJECT NAME _____ **DATE** _____

DEVELOPER\OWNER _____ **TELEPHONE** _____

ADDRESS _____ **ZIP** _____

GENERAL INFORMATION

	PLAN SHEET TO INCLUDE:	YES	NO	COMMENTS
1.	Project Name. Owner/Developer name, address, telephone and fax number.			
2.	Date of plan.			
3.	Standard cover sheet with surveying & mapping control information. Vicinity map (1" = 2000') & title block information section completed.			
4.	North arrow, designation of north orientation, match lines, scale & sheet numbers for each sheet.			
5.	Seal & signature of registered professional engineer or land surveyor on each sheet.			
6.	Total acreage, current zoning, & proposed zoning by acres.			
7.	Adjacent parcel identification: tax map reference numbers, owners names, & present zoning/use of all abutting parcels.			
8.	Date of tentative approval with case number.			
9.	Master plan (all phases or proposed sections).			
10.	Complete site layout: sequential numbering & size (in sq. ft.) of each proposed lot and/or unit.			
11.	State route numbers & names on all existing streets to which connections are to be made.			
12.	All proposed street names.			
13.	Right-of-way lines, width, centerline (stationed at 100' intervals), limits of construction & pavement width or back of curb width.			
14.	General notes explaining details of plan.			
15.	Existing and/or proposed dams, detention basins & any extrinsic structures.			
16.	Grading plan: existing contours, proposed contours, finished floor elevations, design layout for drainage system.			
17.	Legend detailing graphic descriptions for all road items, drainage & utility items shown.			

PROJECT NAME _____

GENERAL INFORMATION (CONTINUED)				
	PLAN SHEET TO INCLUDE:	**YES**	**NO**	**COMMENTS**
18.	Any zoning waivers, variances, proffers and/or imposed conditions for the project submitted with the plans.			
19.	Written description of all plan revisions shall accompany all revised plans submitted for re-evaluation & approval.			

GEOMETRICS				
	PLAN SHEET TO INCLUDE:	**YES**	**NO**	**COMMENTS**
1.	Location of project entrance & distance measured to nearest intersection of state route or crossovers for field verification of sight distance.			
2.	Existing entrance, street connections, crossovers, etc., located along state route that may be affected by the development.			
3.	Existing & proposed rights-of-way, width, & route number.			
4.	Centerline curve data: delta, radius, arc length, chord & tangent, stationing at intersections, PC's, PT's, etc.			
5.	Actual line & length of horizontal and vertical sight distance at street intersections & any sight distance easements which may be required. A profile is required.			
6.	Depending on method of stormwater conveyance, either radius of all curb returns to back of curb or fillet radius to edge of pavement. Label entrance standard CG-11 and any curb and gutter standards.			
7.	Proposed building location, use sq. footages & offset distance to property lines (sites only).			
8.	All temporary turnaround construction & easements as indicated on the preliminary plans (including radii).			
9.	All proposed property frontage & intersection improvements within the right-of-way.			
10.	Complete dimensions of existing & proposed deceleration, left & right turn storage lanes.			
11.	Road classification schedule with pavement designs.			
12.	Complete typical sections based on road classifications.			
13.	Guardrail where required.			
14.	CG-12 where required.			

PROJECT NAME _____

PROFILE AND GRADE

	PLAN SHEET TO INCLUDE:	YES	NO	COMMENTS
1.	Existing ground line at centerline, left & right (along edge of Right-of-way).			
2.	Finished grade line for mainline & connections. a. Percent of grade, change of grade elevations (PVI) & length of curves. b. Finished grade elevations (50' tangent, 25' curve) & at intersections, PC's, PT's, etc. c. Complete stationing at intersections, PC's, PT's, etc. d. Street names. e. "K" values used for determining minimum sag lengths. f. Vertical sight distance for crests. g. Actual line & length of vertical sight distance at street intersections.			

HYDRAULICS

	PLAN SHEET TO INCLUDE	YES	NO	COMMENTS
1.	Detailed drainage area map defining corresponding sub-areas used for computations showing centerline stationing at 100' intervals, intersections, PC's, PT's, etc., & the proposed storm sewer layout.			
2.	Reference to the hydrologic methodology used including supporting data used in computation of "Q". a) The listed coefficients or "C" values. b) Computations of weighted coefficients "C_w".			
3.	Complete design computations per the following criteria: a) Culverts & closed storm sewer system design capacity for 10-year or 25-year & also capacity computation for 100-year. b) Cross-culverts computations showing sizes, end treatments, length, skewed angles, type of pipe, design cover, invert in & out elevations, outlet velocity. The pertinent calculated information incidental to the design of the culvert shall be tabulated on VDOT standard form LD-269, "Culvert Design Computation." c) Closed storm sewer system include size, velocity, capacity, actual design Q's, length & slope of the pipes, the invert in & out elevations. Pertinent calculated information incidental to the design of the pipeline shall be tabulated on VDOT standard form LD-229, "Storm Sewer Design Computations." d) Curb drop inlet spread shall determine the spacing of inlets for a rainfall intensity of 3.5 –inches per hour. Include approach spread at sag inlets; spread lengths, depth of water, length on the inlet & height of the inlet slots. 100-year check storm for all sag inlets. e) Hydraulic grade lines or water surface profile include water surface elevations vs. rim elevations. The H.G.L. for storm sewer systems shall be tabulated on VDOT standard form LD-347 for 10-year & 100-year storms, when involved with a designated 100-year flood plain.			

PROJECT NAME _____

HYDRAULICS – (Continued				
	PLAN SHEET TO INCLUDE	**YES**	**NO**	**COMMENTS**
3.	f) Open channel computation for 2-year frequency is to be used for determining the need, type & dimensions of special ditch lining for erosion. 10-year frequency shall provide sufficient hydraulic capacity of the channel. Include MS-19 calculations for adequacy of existing channel, as stated in the VA. Erosion & Sediment Control Handbook. g) Include supporting computations for all special design structures such as special design endwalls, inlet, flumes, energy dissipaters, channels, etc.			
4.	Detailed description of all proposed storm sewer structures.			
5.	Graphic details for all non-standard drainage facilities.			
6.	Directions of drainage flow for streets, storm sewer, valley gutters, subdrains, etc.			
7.	Field location for all natural watercourses or drainageways affected by construction, including direction of flow.			
8.	All existing & proposed storm drainage systems in plan & profile views.			
9.	Field located limits of 100-year flood zones & backwater inundation.			
10.	Existing and/or proposed VDOT drainage easements dimensioned & labeled.			
11.	Driveway entrance culvert sizing computations for each lot.			
12.	Show all types of required underdrains with outlet locations clearly identified and defined. A. CD-1 required for fill to cut transition. B. CD-2 required for sag situations C. All CD's shall be connected to nearest outfalls. D. UD- or UD-5 required for all medians. E. UD-4 with design ADT of 1,000 vehicles per day or greater. F. EW-12 required for all outfalls to ditchlines.			

EROSION CONTROL				
	PLAN SHEET TO INCLUDE:	**YES**	**NO**	**COMMENTS**
1.	Erosion control plan when disturbing over 10,000 sq. ft. within existing VDOT right-of-way.			
2.	Location of temporary construction entrance(s) accessing state maintained right-of-way.			
3.	Reference to the required establishment of a temporary vegetative cover on all denuded areas within right-of-way that are not to be fine graded for periods longer than 30 days.			

PROJECT NAME _____

UTILITIES				
	PLAN SHEET TO INCLUDE:	**YES**	**NO**	**COMMENTS**
1.	Alignment & dimensioned location of all existing utilities within limits of existing & proposed right-of-way.			
2.	Alignment & dimensioned location of all proposed utilities to be constructed within the limits of existing & proposed right-of-way.			
3.	Existing & proposed easements, width & use.			
4.	Details showing method of tie-ins within existing right-of-way.			
5.	Details showing required relocations within existing right-of-way.			

PERMIT WORKZONE				
	PLAN SHEET TO INCLUDE:	**YES**	**NO**	**COMMENTS**
1.	Detailed work area protection layout, to include a construction sequencing/maintenance of traffic narrative for all construction activities within state maintained right-of-way..			

Notes:

1. The developer is responsible for supplying sufficient information for the Department to determine entrance & road design features to adequately serv the existing roadway & the proposed development.
2. Subdivision plans shall be designed in accordance with VDOT's Subdivision Street Requirements and Road Design Manual.
3. All commercial entrances must meet VDOT standards & specifications as designated in Minimum Standards of Entrance To State Highway.
4. The submission is to include 2 copies of the plans for review. An additional copy of the plans is required once final approval is received.
5. A detailed explanation for all "no" answers if required information is not included in the site plan.

CERTIFICATION

I certify that the above stated information is included in the attached plans.

_____
Engineer's Signature

_____
Date

CHESTERFIELD COUNTY
PLANNING DEPARTMENT
(804) 748-1050
http://www.chesterfield.gov

DEV. PLAN REVIEW
PUBLIC HEARINGS AUDIO/VISUAL AIDS

If you plan to present graphic or audio material to the Commission or Board at a public hearing, it is suggested that the material be provided in a form that is easily viewed by those watching on television as well as at the meeting. We offer the following suggestions:

- If you plan to bring a videotape or Power Point presentation, contact Greg Allen at 748-1072 or David Hainley at 748-1967 in the Planning Department a few days prior to the public hearing to make arrangements.

- Prior to the beginning of the public hearing, advise a staff member that you will be presenting audio/visual information.

- Do not bring materials mounted on large boards.

- Provide twenty (20) 8½ X 11 copies to the Administrative Secretary for distribution to individual members and to display on an opaque projector.

- Remember that typed information may be difficult to read, so make the font large and dark.

- 35mm slides should be mounted in a Kodak slide carousel. If you do not have a carousel, contact the Planning Department for assistance.

If you have any questions, please contact a staff member prior to the public hearing.

WP/OCT02/Oct14/nr