

Town of Warsaw

78 Belle Ville Lane Warsaw, Virginia 22572 Phone: (804) 333-3737 www.townofwarsaw.com

| Office use: | |
|--------------|--|
| Date: | |
| Received by: | |
| Plan Number: | |

SITE DEVELOPMENT PLAN REVIEW APPLICATION

| Is your site a major development plan? (circle the application) Is this new construction? Yes No Is Are any of the following required: | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| | |
| Are any of the following required: | this expansion greater than 2,500 Sq. Ft.? Yes No |
| | |
| Erosion and Sediment control plan? Yes No | Stormwater Management Permit? Yes No |
| Relocation or extension of public utilities? Yes N | No A Traffic Impact Analysis? Yes No |
| If you answered YES to any of these questions, then you <u>must</u> | apply for a Major Site Development Review. |
| | |
| Plan Type: | |
| | |
| Major Site Development Review (greater than 2 | 2,500 sq. ft. or yes to any of the above items) - \$250 fee |
| ☐ Minor Site Development Review or Subdivision | - \$200 fee |
| Resubmittal of Plan or Amendment to Existing | - \$250 fee |
| Boundary Line Adjustment - \$150 fee | |
| | |
| | |
| Site Information: | |
| Physical Address: | |
| Legal Description: | |
| | Present Use: |
| Tax Map #(s): Present Zoning: | |
| Is the Project Located in an Overlay District? If so, name | it, if no then, state no: |
| | |
| Is the Project Located in an Overlay District? If so, name | |
| Is the Project Located in an Overlay District? If so, name Proposed Use: Project Description: | |
| Is the Project Located in an Overlay District? If so, name Proposed Use: Project Description: Residential | Non-Residential (circle one) |
| Is the Project Located in an Overlay District? If so, name Proposed Use: Project Description: Residential Type of Unit(s): | Non-Residential (circle one) Commercial Industrial Public/Civi |
| Is the Project Located in an Overlay District? If so, name Proposed Use: Project Description: Residential Type of Unit(s): Number of Building(s): | Non-Residential (circle one) Commercial Industrial Public/Civi Number of Building(s): |
| Is the Project Located in an Overlay District? If so, name Proposed Use: Project Description: Residential Type of Unit(s): | Non-Residential (circle one) Commercial Industrial Public/Civi |
| Site Information: Physical Address: Legal Description: | Present Use: |

| Applicant Information: | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Property Owner: | | | | |
| Address: | | | | |
| Email: Phone #: | | | | |
| *Applicant Name: | | | | |
| Address: | | | | |
| Email Address: Phone #: | | | | |
| *If applicant is not the property owner then, Power of Attorney or other form of Owner's consistent is required. | | | | |
| | | | | |
| Licensed Professional: (Professional Engineer or Land Surveyor) | | | | |
| Firm Name: Contact Name: | | | | |
| Address: | | | | |
| Phone #: Email: | | | | |
| Professional License #: | | | | |
| | | | | |
| Signature: | | | | |
| I the undersigned certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in a delay of processing. I hereby authorize the Town of Warsaw to review this request, visit the site, and contact any appropriate design professional in relation to questions generated as a result of the review. | | | | |
| Print Name: | | | | |
| Signature: Date: | | | | |
| Who shall be the primary contact? (circle one) Owner Applicant Licensed Professional | | | | |
| | | | | |
| For Office Use Only | | | | |
| Received by: Date: Fee Paid: Y N | | | | |
| Plan Number: | | | | |
| Complete: Yes No Date: | | | | |
| If no, what needs to be added: | | | | |
| Other comments: | | | | |



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PROCEDURE FOR FILING MINOR OR MAJOR SITE DEVELOPMENT APPLICATION

1. PRE-APPLICATION MEETING

Prior to submitting the application, each applicant must hold a pre-application meeting with town staff to discuss the procedures, standards and regulations required for development approval. This meeting will provide basic information on the Town's Site Development process and will help to identify any problems that could adversely affect review and approval of the development plan. Call 804-333-3737 to schedule a pre-application meeting.

2. APPLICATION SUBMITTAL REQUIREMENTS

- Minimum of five (5) copies of the completed Site Development Application
- Site Development Fee
- Site Plan Checklist
- Minimum of five (5) copies of the site plan and two (2) copies of the storm water management calculations.
 Site plans shall be prepared and certified by a qualified licensed professional. Qualified professionals include Registered Architect, Professional Engineers, Certified Land Surveyors and Certified Landscape Architects. There are separate fees associated with storm water management, land disturbance, public utilities and erosion and sediment control permits.

3. REVIEW PROCESS

- Applications may be submitted for review at any time during normal business hours to the Community Development Department.
- The application and site plan will be logged by staff and reviewed for completeness at the time of submittal. Applicants will be notified within 10 business days if the application is incomplete.
- If plans are determined to be incomplete, the Town will take no further steps to process the application.
- Once plans are determined to be complete, they are distributed to the appropriate departments for review.
- All comments from each department will be compiled into a consolidated letter and sent to the applicant
 within four weeks of the submission date. State departments have their own deadlines and may submit
 reviews separately.
- The applicant may make the necessary revisions and resubmit the revised plans (5 copies of the site plan and 2 copies of storm water management calculations).
- If all required corrections have been made, the site plan is approved, and the Review Staff will send an approval letter and an approved set of plans to the applicant.
- If all corrections have not been remedied, the applicant will be notified. The revision and resubmittal process will be repeated until all comments have been addressed appropriately. Please note that resubmittals are an additional fee of \$250 each.



MINOR OR MAJOR SITE DEVELOPMENT PLAN CHECKLIST:

This checklist is to be used as an aid for the applicant for submittal and staff to determine completeness.

Place a check in the box to indicate the item is included. Write N/A if the item is not applicable

| Applicant | Staff | Plan Item |
|-----------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1,0 | | Title of the project |
| | | Name(s) of design professional |
| | | Property owner information |
| | | Signature panel for the agent's approval |
| | | Zoning Classification |
| | | The northpoint, scale, date and vicinity map |
| | | The boundaries of the property involved, all existing property lines |
| | | All setback lines |
| | | All existing and proposed contours with 5 foot intervals |
| | | All existing and proposed buildings or structures to include square footage, number of stories and type of construction |
| | | Any proposed demolition plans and details |
| | | All watercourses, adjacent property lines, waterways or lakes and other existing physical features in or adjoining the project, including flood hazard areas as identified by official flood insurance maps |
| | | The location, dimensions and character of construction of existing and proposed streets, alleys, sidewalks, right-of-ways, easements, construction entrance, curbs and gutters and all curb cuts |
| | | The location and size of existing and proposed sanitary sewers; water, gas, telephone, electric and other utility lines; culverts and other underground or overhead structures in or affecting the project, including existing and proposed facilities and easements for these facilities |

| Applicant | Staff | Plan Item |
|-----------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | All existing and proposed parking, travel lanes, driveways, entrances, exits, loading spaces, walkways and bicycle parking requirements, indicating type of surfacing, size, angle of stalls, width of aisles and a specific schedule showing the number of parking spaces provided and the number required |
| | | Existing and proposed stormwater management facilities and erosion and sediment control measures, indicating location, size, type and grade of ditches, catch basins, and pipes, including on-site water retention and related requirements |
| | | All existing and proposed landscaping |
| | | Outdoor lighting plan (photometric analysis) to include all outdoor lighting systems, including luminary size, height and fixture detail |
| | | Any information necessary to demonstrate that all construction or development will fully comply with applicable federal, state and local requirements for accessibility to the handicapped including signage placement and signage |

| For Office Use | Only | | | | | |
|--------------------------------|------|----|--------------|-------|--------|--|
| Plan Number: | | | | | | |
| Complete: | Yes | No | Reviewed by: | Date: | _ | |
| If no, what needs to be added: | | | | | | |
| | | | | | _ _ | |
| Other comme | nts: | | | | _ | |