



Chesterfield County  
 www.chesterfield.gov

Environmental Engineering  
 P.O. Box 40  
 Chesterfield, VA 23832  
 (804) 748-1035

FOR OFFICE USE ONLY	
Case No.	_____
Date Rec'd.	_____
Time Rec'd.	_____ Receipt No. _____
Received by	_____
Water Quality Impact Assessment Required:	Y/N
Water Quality Impact Assessment Received:	Y/N
WQIA Approved by Water Quality:	Y/N
Approval of Application: Initials	_____ Date _____
Planning Department	
Approval of Request: Initials	_____ Date _____

**APPLICATION FORM**

**REQUEST FOR A BUFFER MODIFICATION WITHIN THE DESIGNATED RESOURCE PROTECTION AREA OF THE CHESAPEAKE BAY PRESERVATION AREAS OF ZONING ORDINANCE**

Information must be typed or printed and completed in full.

**INCOMPLETE OR INCORRECT APPLICATIONS WILL NOT BE ACCEPTED.**

**A WATER QUALITY IMPACT ASSESSMENT, MAY BE REQUIRED IN ORDER FOR THIS APPLICATION TO BE DEEMED COMPLETE**

Attached additional pages where necessary.

BUFFER MODIFICATION REQUEST INFORMATION		
This request is only applicable for modifications as outlined in Division 4. of the Zoning Ordinance:		
<b>Section 19-232(a) &amp; (d)</b>	<b>Section 19-232(c)</b>	<b>Section 19-234(a)</b>
<input type="checkbox"/> Water-dependent	<input type="checkbox"/> Sightlines and Vistas	<input type="checkbox"/> Water Wells
<input type="checkbox"/> Redevelopment	<input type="checkbox"/> Access Path	<input type="checkbox"/> Passive Recreation Trails/Pathways
<input type="checkbox"/> Private Roadway & Driveways	<input type="checkbox"/> General Woodlot Management	<input type="checkbox"/> Historical & Archaeological Activities
<input type="checkbox"/> Flood & Stormwater Control	<input type="checkbox"/> Shoreline Erosion Control	
<input type="checkbox"/> Lots recorded prior to 10/1/1989		
<input type="checkbox"/> Lots recorded b/t 10/1/89-3/1/02		
<input type="checkbox"/> Expansion (Section 19-236)		
Description of the proposed activity for which the buffer modification is being requested:		
Identify the limits of the proposed buffer modification into the RPA (ft <sup>2</sup> ):		
If any land disturbance or impervious cover is to occur as a result of the proposed modification(s), then a Water Quality Impact Assessment (WQIA) must be submitted with this application. Provide a list of proposed mitigation measures and practices relating to the encroachment request:		
<b>I. PROPERTY OWNER INFORMATION</b>		
Property Owners Name: _____		
Contact Information:		
Phone: _____	Fax: _____	E-mail: _____
Mailing Address: _____		
<b>II. SUBJECT PARCEL INFORMATION</b>		
Tax ID#: _____		
Parcel address: _____		
Subdivision name and section number: _____		

III. SUPPORTING INFORMATION			
<input type="checkbox"/> Proposal & Plan Details of Project	<input type="checkbox"/> Water Quality Impact Assessment (WQIA)	<input type="checkbox"/> Applicable Zoning Conditions	<input type="checkbox"/> Home Owners Association Approval
<input type="checkbox"/> Jurisdictional Determination or Verification letter from USCOE	<input type="checkbox"/> Land Disturbance Permit	<input type="checkbox"/> Parcel Exhibit of RPA Designations & Limits, and Other Development Limitations (e.g. floodplain, easements)	
<input type="checkbox"/> Approved USCOE Joint Permit Application (JPA), if necessary	<input type="checkbox"/> Limits of the proposed buffer modification	<input type="checkbox"/> Recent photographs of the existing buffer vegetation to be modified	<input type="checkbox"/> Proposal is part of County Plan review process. Reference Plan #: _____

**IV. PROJECT INFORMATION**

A. Provide, as an attachment, the justification for the proposed encroachment and a discussion of how each of the findings listed as part of Sec 19-235 – Exemptions and Exceptions or Sec 19-232 - Resource Protection Area Regulations – pertaining to the requested type of encroachment are met:

B. List any exceptions to the Chesapeake Bay Preservation ordinance that have been previously granted for the parcel(s) in question:

C. I/We hereby certify that to the best of my/our knowledge all the above statements and statements contained in any exhibits transmitted are true. (NOTE: The property owner must sign the application. If the property owner does not sign the application, the agent must have limited Power of Attorney.)

Date: \_\_\_\_\_, 20\_\_\_\_.

<p>_____ SIGNATURE OF PROPERTY OWNER</p> <p>_____ PROPERTY OWNER'S NAME (Typed or printed)</p>	<p>_____ SIGNATURE OF AGENT (Name of person other than, but acting for, the property owner responsible for this application)</p> <p>_____ AGENT'S NAME (Typed or printed)</p>
<p>_____ SIGNATURE OF APPLICANT (If different from property owner.)</p> <p>_____ APPLICANT'S NAME (Typed or printed)</p> <p>Applicant's Address: _____ _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p>_____ SIGNATURE OF CONTRACTOR</p> <p>_____ CONTRACTOR'S NAME (Typed or printed)</p> <p>Company's Address: _____ _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>