

COMPREHENSIVE PLAN COMPLIANCE REVIEW

APPLICATION



OCTOBER 2018

Stafford County Department of Planning & Zoning

1300 Courthouse Road
P.O. Box 339
Stafford, VA 22555-0339

Phone: 540-658-8668
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www.staffordcountyva.gov

NOTICE

Stafford County treats all applications and applicants equally. The County does not discriminate against religion, or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, utilities, and land use processes.

Under the laws of the United States and the Commonwealth of Virginia, no government may discriminate against any religion or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, utilities, and land use processes.

Under the Religious Land Use and Institutionalized Persons Act (“RLUIPA”), no government may apply its zoning or land use laws, or its policies and procedures in a manner that unjustifiably imposes a substantial burden on the religious exercise of a person, assembly, or institution.

RLUIPA also provides that no government may apply its zoning or land use laws in a manner that treats a religious assembly or institution on unequal terms with a non-religious institution or assembly.

Finally, RLUIPA provides that no government may impose or implement a land use regulation in a manner that discriminates against a religious assembly or institution.

Stafford County does not discriminate in its planning, permitting, utilities, and land use processes, practices, and policies. Stafford County treats all applications and applicants equally.

Application Submittal Checklist

- ☒ Completed **“Project Information & Primary Contacts”** form (Page 3)
- ☒ Signed **“Statements of Understanding”** from the owner(s) and applicant (Page 4)
- ☒ Completed **“General Information”** sheet (Pages 5 & 6)
- ☒ Completed **“Review Fee Calculation”** sheet and appropriate fees payable to “County of Stafford” and “Virginia Department of Transportation” (if applicable) (Page 7)
- ☒ Completed **“List of Adjoining Property Owners”** (Pages 8 & 9)
- ☒ **Site Layout Plans** (12 Sets)

Applications for the **Extension of Water and/or Sewer outside the Urban Services Area** shall also include:

- ☐ Conceptual sewer and/or water line layout plan

Applications for **Telecommunication Facilities** shall also include:

- ☒ Propagation Maps showing the existing and proposed network coverage area (12 color copies)
- ☒ Profile or elevation views of the Telecommunication facility or structure being used to support telecommunication equipment, showing all proposed and future antenna locations (12 sets)

RECEIVED

DATE: _____ INITIALS _____

OFFICIALLY SUBMITTED

DATE: _____ INITIALS _____

Optional Application Materials:

Although not required, the following additional materials are requested to be included with the initial application submission, if available, to assist in the review process.

1. Electronic Version of any plans, surveys, and illustrations (a pdf on a CD, DVD, sent via email, or through ftp site is acceptable)

Project Information & Primary Contacts

<u>PROJECT INFORMATION</u>	<u>PROJECT #</u> _____
Milestone- Shackleford Plumbing	_____
PROJECT NAME	SECTION
1150 White Oak Rd, Fredericksburg, VA 22405	4.1
ADDRESS (IF AVAILABLE)	TOTAL SITE ACREAGE
56 41	A1
TAX MAP /PARCEL(S)	ZONING DISTRICT
1150 White Oak Road	_____
LOCATION OF PROJECT	_____

<u>APPLICANT/AGENT</u> (Provide attachment if Applicant and Agent differ)	Primary Contact Person <input checked="" type="checkbox"/>	
Phil Stetler	Milestone Towers	
NAME	COMPANY	
3620 Commerce Drive, Baltimore, MD 21227	_____	
ADDRESS	STATE	ZIP
443-977-7561	n/a	pstetler@sitelinkwireless.com
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

<u>OWNER</u> (Provide attachments if multiple owners)	Primary Contact Person <input type="checkbox"/>	
Charles and Vicki Shackleford	n/a	
NAME	COMPANY	
56 Wood Landing Rd, Fredericksburg, VA 22405	_____	
ADDRESS	STATE	ZIP
n/a	n/a	n/a
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

<u>PROFESSIONAL</u> (Engineer, Surveyor, etc.)	Primary Contact Person <input type="checkbox"/>	
Jake Toroney	MRA	
NAME	COMPANY	
1220 B East Joppa Rd, Towson, MD 21286	_____	
ADDRESS	STATE	ZIP
410-821-1690	n/a	jtoroney@mragta.com
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

Statements of Understanding

I, as owner/co-owner of the property subject to this application, do hereby certify that I have read and understand the requirements for the submission of comprehensive plan compliance for review and approval as provided under the requirements and applicable provisions of Section 15.2-2232 of the Code of Virginia and the Stafford County Comprehensive Plan.


Signature of Owner/Co Owner

Charles Shackelford 7-16-22
Printed Name Date

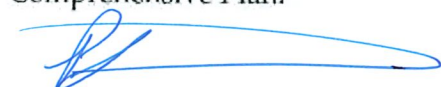

Signature of Owner/Co Owner

Vicki Shackelford 7-16-22
Printed Name Date

Signature of Owner/Co Owner

Printed Name Date

I, as applicant or agent for the owner(s) of the property subject to this application, do hereby certify that I have submitted this application for comprehensive plan compliance for review and approval as provided under the requirements and applicable provisions of Section 15.2-2232 of the Code of Virginia and the Stafford County Comprehensive Plan.


Phil Stetler
Digitally signed by Phil Stetler
Date: 2022.06.14 10:01:47
+04'00'

Signature of Applicant/Agent

Phil Stetler 6/14/22
Printed Name Date

* Additional sheets may be used, if necessary.

General Information

CLEARLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PROJECT:

NAME OF PROJECT: Milestone- Shackleford Plumbing SECTION: _____

Is this application submitted in conjunction with another application? ☒ Yes ☐ No

If YES, application name or number (if available): Conditional Use Permit (number not known)

COMPREHENSIVE PLAN LAND USE DESIGNATION: _____

FEATURE REQUIRING REVIEW FOR COMPLIANCE WITH THE COMPREHENSIVE PLAN:

- ☐ Extension of sewer outside of the Urban Service Area (complete additional information)
- ☒ Telecommunication facility or collocation of telecommunication antennas on a structure which is not a telecommunication facility. (complete additional information)
- ☐ New or relocation of a street, connection or change to existing street, not identified on the Transportation Plan or not shown on a Preliminary Subdivision or Site Plan approved by the Planning Commission.
- ☐ Public Park or Area
- ☐ Public Building or Structure
- ☐ Public Utilities Facilities
- ☐ Public Service Corporation Facility
- ☐ Other: _____

DETAILED DESCRIPTION AND LOCATION OF PROJECT/FEATURE:

Milestone proposes to install a 150' monopole and ground equipment within a screened/fenced compound.

COMPLETE ADDITIONAL INFORMATION IF APPLICABLE:

FOR EXTENSION OF SEWER OUTSIDE OF THE URBAN SERVICE AREA:

Number of lots connecting onto sewer: _____

Linear feet from existing sewer: _____

Connects to existing sewer outside of the Urban Service Area? ☐ Yes ☐ No

Will sewer extend outside the limits of the site? ☐ Yes ☐ No

If yes, how many existing dwellings would have access to the sewer? _____

Pump station required? ☐ Yes ☐ No

Type of proposed sewer:

☐ Gravity

☐ Low Pressure

Type: ☐ Grinder

☐ Ejector

☐ Other: _____

FOR TELECOMMUNICATION FACILITIES:

☒ New telecommunication facility

Height of tower: 150'

Type of tower: ☒ Monopole

☐ Self-supporting lattice

☐ Guide wire

☐ Stealth

☐ Other; _____

☐ Collocation on existing structure other than a telecommunication facility

Type of structure: _____

Height of structure (without antennas): _____

Total height of structure with antennas (not including lightning rod): _____

Number of antennas: _____

Telecommunication ground equipment? ☐ Yes ☐ No

Within existing compound? ☐ Yes ☐ No

Type of ground equipment: ☐ Unmanned shelter

☐ Cabinets

Dimensions of telecommunication ground equipment: _____

Height of the telecommunication ground equipment: _____

Review Fee Calculations

A. Application Fee:	\$ <u>300.00</u>
B. Technology Fee (Application Fee x 2.75% or 0.0275).....	\$ <u>8.25</u>
TOTAL (Add lines A and B).....	\$ <u>308.25</u>

MAKE CHECK PAYABLE TO “STAFFORD COUNTY”

Note: The application fees are for the administrative process and review of this application and do not constitute an approval.

List of Adjoining Property Owners

Provide a list of the owners as shown on the current real estate tax assessment books of all abutting properties and properties immediately across the street or road from the property subject to this application. If the application applies to only a portion of a parcel, the entire parcel must be the basis for the below listing.

Provide additional pages if needed.

_____	_____	
TAX MAP / PARCEL	NAME	
(see list within provided zoning drawings)		
MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	
MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	
MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP

_____	_____	
TAX MAP / PARCEL	NAME	

MAILING ADDRESS		

CITY	STATE	ZIP