

CONDITIONAL USE PERMIT

APPLICATION



AUGUST 2019

Stafford County Department of Planning & Zoning

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

Phone: 540-658-8668

Fax: 540-658-6824

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.

Background and Process Information

Conditional uses are uses which are generally compatible with the other land uses permitted in the zoning district but require individual review for their intensity, location, design and configuration. Conditions are imposed by the County in order to ensure the appropriateness of the use at a particular location.

Conditional Use Permits may be approved upon a finding by the Board of Supervisors that the use will not be detrimental to the character and development of the adjacent land and will be in harmony with the purpose and intent of the zoning ordinance. Applications for conditional use permits must be submitted to the Department of Planning & Zoning.

Each application for a Conditional Use Permit is forwarded to the Planning Commission for consideration. The Planning Commission will hold a public hearing on the application.

The applicant is required to attend this public hearing. After the public hearing, the Planning Commission forwards a recommendation to the Board of Supervisors.

The Board of Supervisors will hold a public hearing on the application. The applicant is required to attend the public hearing. The Board may approved or deny the request for a permit. Should the Board approve the permit, they may designate conditions which, in its opinion, will mitigate the impacts of the requested conditional use.

Conditions may be established to:

1. Abate or restrict noise, smoke, dust or other elements that may affect surrounding properties.
2. Provide for adequate parking, ingress and egress to public streets and roads.
3. Provide adjoining property with buffers or screening to mitigate visual and/or noise impacts.
4. Establish setback, side or rear yard requirements necessary for orderly expansion and to prevent traffic congestion.

Amendments to Approved Conditional Use Permit Conditions:

Any previous approved conditional use permit may be revised by the Board of Supervisors following a public hearing. Minor Amendments shall be allowed subject to the following requirements:

1. No more than two permit conditions can be changed at the time of request
2. Changes do not materially affect site layout

Conditional Use Permit Amendments are subject to the standard Conditional Use Permit fees. Minor Amendments are subject to the Minor Amendment fees in Section 2 of the Application Review Fees Calculation.

Conditional Use Permit Application Instructions

1. The applicant must meet with a Planner prior to submitting an application. A preliminary conference regarding the application may be scheduled with a Planner.
2. Fill-out, sign and date the application form. If the applicant is not the property owner, attach a notarized letter of consent from the property owner authorizing the applicant to act as the owner's agent for the application.
3. The applicant must provide three copies of a boundary survey and a metes and bounds description of the land for which the Conditional Use Permit would apply.
4. The applicant must provide the names and addresses of all adjacent property owners, including those immediately across the road(s) from the property. This list is used for the notification to the adjacent owners of the public hearing.
5. The applicant must provide a General Development Plan (GDP) drawn to standards in Article 13 of the Zoning Ordinance.
6. If available, it is recommended that the applicant(s) include architectural renderings that show building materials, building heights, site design amenities, etc. Staff may ask this to be submitted by the applicant(s) on a case-by-case-basis.
7. The applicant must submit impact statements with the application. Impact studies must address traffic volumes, public utility capacities, noise, dust and smoke emissions. A Transportation Impact Analysis (TIA) is required for all projects that meet the following criteria:
 - generate 150 or more vehicle trips per day above the existing use, and
 - the site would meet the VDOT requirements for TIAs under 24 VAC 30-155 or Stafford County Rezoning TIA requirements.Proffers or conditions which limit the vehicle trips per day may be taken into consideration when calculating the maximum development. The TIA shall be developed in accordance with the guidelines established in 24 VAC 30-155.
8. Applications are due the third Friday of any month. Public hearings are required by the Planning Commission and Board of Supervisors. Public hearing dates will be determined based on application filing date, date application is deemed complete, and available meeting dates.

Application Submittal Checklist

-
- Completed **"Project Information & Primary Contacts"** form (Page 7)
 - Signed **"Statements of Understanding"** from the owner(s) and applicant (Page 8)
 - Signed and Notarized **Owner's Consent Statement** (if applicant/agent is not the owner)
 - Completed **"General Information"** sheet (Page 9)
 - Completed **"Review Fee Calculation"** sheet and appropriate **Fees** payable to "County of Stafford" (Page 10)
 - Completed **"List of Adjoining Property Owners"** (Pages 12 & 13)
 - Completed **"Application Affidavit"** (Pages 14 – 17)
 - Completed **"Checklist for Generalized Development Plans"** (Pages 18 & 19)
 - Completed **"Transportation Impact Analysis Determination Form"** (Page 20)
 - Proof that **Real Estate Taxes** have been paid
 - Complete **Legal Description** of the area to be reclassified (Acreage must match Boundary Survey Plat)
 - Completed **Impact Statement**
 - N/A Completed **Transportation Impact Analysis (TIA)**, if required (Five (5) paper copies with electronic copies or ftp site)

PLATS AND PLANS

- Boundary Survey Plat** of area subject to rezoning (with 3 copies at 8½" x 11" size)
- Generalized Development Plan** (12 full-size copies at 24" x 36" size)

* See **"Checklist for Generalized Development Plans"** (Pages 18 & 19)

<p>RECEIVED</p> <p>DATE: _____ INITIALS _____</p>	<p style="text-align: center;">OFFICIALLY SUBMITTED</p> <p style="text-align: center;">DATE: _____ INITIALS _____</p>
--	--

Optional Application Materials

Although not required, the following additional materials are requested to be included with the initial application submission, if available. These items are often requested during the review process. Providing the information in advance can assist in accelerating the review:

1. Site Illustrations or Building Elevations
2. Electronic Version of generalized development plans, boundary survey, and any 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> _____
<u>Raising Cane's Garrisonville</u> PROJECT NAME	_____
<u>425 Garrisonville Road</u> ADDRESS (IF AVAILABLE)	<u>1.29 acres</u> TOTAL SITE ACREAGE
<u>20AC-1-1</u> TAX MAP / PARCEL(S)	<u>PTND</u> ZONING DISTRICT
<u>Located along Garrisonville Road and the intersection of Highpointe Blvd., located in the future The Garrison at Stafford Shopping Center</u> LOCATION OF PROJECT	

<u>APPLICANT/AGENT</u> (Provide attachment if Applicant and Agent differ)	Primary Contact Person <input type="checkbox"/>
<u>Bryan Brown</u> NAME	<u>Raising Canes Restaurants LLC</u> COMPANY
<u>6800 Bishop Road</u> ADDRESS	<u>Plano</u> CITY
<u>9720-769-3100</u> PHONE NUMBER	<u>TX</u> STATE
_____ FAX NUMBER	<u>75024</u> ZIP
_____	<u>permitrenewals@raisingcanes.com</u> EMAIL ADDRESS

<u>OWNER</u> (Provide attachments if multiple owners)	Primary Contact Person <input type="checkbox"/>
_____ NAME	_____ COMPANY
_____ ADDRESS	_____ CITY
_____ PHONE NUMBER	_____ STATE
_____	_____ ZIP
_____	_____ EMAIL ADDRESS

<u>PROFESSIONAL</u> (Engineer, Surveyor, etc.)	Primary Contact Person <input type="checkbox"/>
<u>Brian Miller, P.E.</u> NAME	<u>Bohler</u> COMPANY
<u>9100 Arboretum Parkway, Suite 360</u> ADDRESS	<u>Richmond</u> CITY
<u>804-893-8200</u> PHONE NUMBER	<u>VA</u> STATE
_____	<u>23236</u> ZIP
_____	<u>bmiller@bohlereng.com</u> EMAIL ADDRESS
_____	_____

Project Information & Primary Contacts

<u>PROJECT INFORMATION</u>	<u>PROJECT #</u> _____
<u>Raising Cane's Garrisonville</u> PROJECT NAME	_____ SECTION
<u>425 Garrisonville Road</u> ADDRESS (IF AVAILABLE)	<u>1.0218 acres</u> TOTAL SITE ACREAGE
<u>20AC-1-1</u> TAX MAP /PARCEL(S)	_____ PTND
_____ LOCATION OF PROJECT	_____ ZONING DISTRICT
<u>Located along Garrisonville Road and the intersection of Highpointe Blvd., located in the future The Garrison at Stafford Shopping Center</u>	

<u>APPLICANT/AGENT</u> (Provide attachment if Applicant and Agent differ)	Primary Contact Person <input type="checkbox"/>
NAME _____	COMPANY _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____	
PHONE NUMBER _____ FAX NUMBER _____	EMAIL ADDRESS _____

<u>OWNER</u> (Provide attachments if multiple owners)	Primary Contact Person <input type="checkbox"/>
<u>Route 606 - Reston LLC co Geoff Pence</u> NAME	_____ COMPANY
<u>11708 Bowman Green</u> ADDRESS <u>Reston</u> CITY <u>VA</u> STATE <u>20190</u> ZIP	
<u>703-827-8300</u> PHONE NUMBER _____ FAX NUMBER _____	<u>geoffp@pencegroup.com</u> EMAIL ADDRESS _____

<u>PROFESSIONAL</u> (Engineer, Surveyor, etc.)	Primary Contact Person <input type="checkbox"/>
<u>Brian Miller, P.E.</u> NAME	<u>Bohler</u> COMPANY
<u>9100 Arboretum Parkway, Suite 360</u> ADDRESS <u>Richmond</u> CITY <u>VA</u> STATE <u>23236</u> ZIP	
<u>804-893-8200</u> PHONE NUMBER _____ FAX NUMBER _____	<u>bmill@bohlereng.com</u> EMAIL ADDRESS _____

Project Information & Primary Contacts

<u>PROJECT INFORMATION</u>	<u>PROJECT #</u> _____
<u>Raising Cane's Garrisonville</u> PROJECT NAME	_____
<u>425 Garrisonville Road</u> ADDRESS (IF AVAILABLE)	<u>1.0218</u> SECTION
<u>20AC-1-1</u> TAX MAP / PARCEL(S)	_____
_____	<u>PTND</u> TOTAL SITE ACREAGE
_____	_____
_____	<u>_____</u> ZONING DISTRICT
<u>Located along Garrisonville Road and the intersection of Highpointe Blvd., located in the future The Garrison at Stafford Shopping Center</u> LOCATION OF PROJECT	

<u>APPLICANT/AGENT</u> (Provide attachment if Applicant and Agent differ)	Primary Contact Person <input checked="" type="checkbox"/>
<u>Charles W. Payne, Jr.</u> NAME	<u>Hirschler</u> COMPANY
<u>725 Jackson Street, Suite 200</u> ADDRESS	<u>Fredericksburg</u> CITY
<u>540-604-2108</u> PHONE NUMBER	<u>VA</u> STATE
<u>540-604-2101</u> FAX NUMBER	<u>22401</u> ZIP
_____	<u>cpayne@hirschlerlaw.com</u> EMAIL ADDRESS

<u>OWNER</u> (Provide attachments if multiple owners)	Primary Contact Person <input type="checkbox"/>
_____ NAME	_____ COMPANY
_____ ADDRESS	_____ CITY
_____ PHONE NUMBER	_____ STATE
_____ FAX NUMBER	_____ ZIP
_____	_____ EMAIL ADDRESS

<u>PROFESSIONAL</u> (Engineer, Surveyor, etc.)	Primary Contact Person <input type="checkbox"/>
_____ NAME	_____ COMPANY
_____ ADDRESS	_____ CITY
_____ PHONE NUMBER	_____ STATE
_____ FAX NUMBER	_____ ZIP
_____	_____ 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 a conditional use permit as provided under the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Stafford County Zoning Ordinance, Chapter 28 of the Stafford County Code.



Signature of Owner/Co Owner

Geoffrey W. Ponce / Manager 3/8/23

Printed Name Date

Signature of Owner/Co Owner

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 read and understand the requirements for the submission of a conditional use permit as provided under the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Stafford County Zoning Ordinance, Chapter 28 of the Stafford County Code.

Signature of Applicant/Agent

Printed Name Date

* Additional sheets may be used, if necessary.

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 a conditional use permit as provided under the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Stafford County Zoning Ordinance, Chapter 28 of the Stafford County Code.

Signature of Owner/Co Owner Printed Name Date

Signature of Owner/Co Owner 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 read and understand the requirements for the submission of a conditional use permit as provided under the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Stafford County Zoning Ordinance, Chapter 28 of the Stafford County Code.



Signature of Applicant/Agent Printed Name Date

Bryan Brown 3/14/23

* Additional sheets may be used, if necessary.

General Information

Clearly indicate all information that applies to this project:

DETAILED DESCRIPTION OF PROJECT

Conditional use permit application to request drive-through facilities for a restaurant located in the Highway Corridor Overlay District ("HCOD").

INFORMATION FOR FEE CALCULATIONS

1.29 # of Acres

Type of Conditional Use Permit:

- Standard Conditional Use Permit (including amendments)
- Minor Conditional Use Permit Amendment *
- Minor Conditional Use Permit Amendment (submitted simultaneously with a Minor Proffer Amendment Application) *

* See Background Information on page 3 to determine if the request qualifies as a minor amendment.

INFORMATIONAL

Previous Resolution # RC21153747

Zoning District PTND

Proposed Use(s) Restaurant with Drive-Through Facilities

located in the HCOD

Review Fee Calculations

The County review fee calculations are divided into two sections. Each section is based on a different type of application. Determine the application fee by filling out the one section that applies.

Section I. Standard Conditional Use Permit:

A. Base Fee: (Required)	\$ <u>9,750.00</u>
B. General Fee: (If greater than 5 acres)	
(<u>1.29</u> Acres – 5) X \$125	\$ <u>0.00</u>
C. Fire & Rescue Review Fee (required).....	\$ <u>95.00</u>
D. Utilities Department Review Fee (required).....	\$ <u>95.00</u>
E. Public Works Review Fee (required).....	\$ <u>120.00</u>
F. Traffic Impact Analysis Review Fee: (If TIA required)	
Volume <1,000 VPD	\$200.00
Volume >1,000 VPD	\$400.00
.....	\$ <u>200.00</u>
G. Adjacent Property Notification (required):	
(<u>11</u> Adjacent properties) X \$6.48	\$ <u>71.28</u>
Sub-total (Add appropriate amounts from lines A thru G above).....	\$ <u>10,331.28</u>
H. Technology Fee (sub-total x 2.75% or 0.0275).....	\$ <u>284.11</u>
TOTAL (Sub-total + H. Technology Fee)	\$ <u>10,615.39</u>

Section II. Minor Conditional Use Permit Amendment:

A. General Fee:	\$ <u>6,190.00</u>
B. Adjacent Property Notification (required):	
(_____ Adjacent properties) X \$6.48	\$ _____
Sub-total (Add lines A and B)	\$ _____
C. Technology Fee (sub-total x 2.75% or 0.0275).....	\$ _____
TOTAL (Sub-total + C. Technology Fee)	\$ _____

Section III. Minor Conditional Use Permit Amendment (when submitted simultaneously with a Minor Proffer Amendment Application):

A. General Fee:	\$ <u>3,095.00</u>
B. Adjacent Property Notification (required): (_____ Adjacent properties) X \$6.48	\$ _____
Sub-total (Add lines A and B)	\$ _____
C. Technology Fee (sub-total x 2.75% or 0.0275).....	\$ _____
TOTAL (Sub-total + C. Technology Fee).....	\$ _____

MAKE CHECK PAYABLE TO "STAFFORD COUNTY"

- If an application is withdrawn prior to the first public hearing, fifty (50) percent of the amount of the application fee may be refunded to the applicant.
- If an application is withdrawn after the first public hearing, the application fee is non-refundable.

List of Adjoining Property Owners

The applicant is required to 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 to be rezoned or issued a Conditional Use Permit. If the application requests a rezoning of only a portion of the parcel or a Conditional Use Permit on only a portion of the parcel, the entire parcel must be the basis for the below listing.

Provide additional pages if needed.

<u>20AC-1-4, 20AC-1-13</u> <u>20AC-1-3</u> <u>20AC-1-2</u>	<u>Route 606 - Reston LLC</u>	
TAX MAP / PARCEL	NAME	
<u>117088 Bowman Green Drive</u>		
MAILING ADDRESS		
<u>Reston</u>	<u>VA</u>	<u>20190</u>
CITY	STATE	ZIP

<u>20-99</u>	<u>Likeland LLC</u>	
TAX MAP / PARCEL	NAME	
<u>200 Lawyers Road NW, STE 2211</u>		
MAILING ADDRESS		
<u>Vienna</u>	<u>VA</u>	<u>22183</u>
CITY	STATE	ZIP

<u>20ZZ-202, et al.</u>	<u>Garrisonville Holdings LLC</u>	
TAX MAP / PARCEL	NAME	
<u>900 Princess Anne Street</u>		
MAILING ADDRESS		
<u>Fredericksburg</u>	<u>VA</u>	<u>22401</u>
CITY	STATE	ZIP

<u>20-98</u>	<u>Stafford AA LLC</u>	
TAX MAP / PARCEL	NAME	
<u>PO Box 2008</u>		
MAILING ADDRESS		
<u>Virginia Beach</u>	<u>VA</u>	<u>23450</u>
CITY	STATE	ZIP

<u>20-96B</u>	<u>610 Shopping Center LP</u>	
TAX MAP / PARCEL	NAME	
<u>6931 Arlington Rd, STE 480</u>		
MAILING ADDRESS		
<u>Bethesda</u>	<u>MD</u>	<u>20814</u>
CITY	STATE	ZIP

<u>20ZZ-204</u>	<u>US Management Stafford LLC</u>	
TAX MAP / PARCEL	NAME	
<u>450 Garrisonville Road, Suite 201</u>		
MAILING ADDRESS		
<u>Stafford</u>	<u>VA</u>	<u>22554</u>
CITY	STATE	ZIP

<u>20ZZ-201</u>	<u>CBLH Properties LLC</u>	
TAX MAP / PARCEL	NAME	
<u>809 Monument Ave</u>		
MAILING ADDRESS		
<u>Woodbridge</u>	<u>VA</u>	<u>22191</u>
CITY	STATE	ZIP

20ZZ-115 Paleo Properties LLC
TAX MAP / PARCEL NAME

195 Falcon Drive
MAILING ADDRESS

Fredericksburg VA 22408
CITY STATE ZIP

_____ _____
TAX MAP / PARCEL NAME

_____ _____
MAILING ADDRESS

_____ STATE _____ ZIP

_____ _____
TAX MAP / PARCEL NAME

_____ _____
MAILING ADDRESS

_____ STATE _____ ZIP

_____ _____
TAX MAP / PARCEL NAME

_____ _____
MAILING ADDRESS

_____ STATE _____ ZIP

Application Affidavit

This form to be filed with:

STAFFORD COUNTY
BOARD OF SUPERVISORS

1300 COURTHOUSE ROAD
STAFFORD, VIRGINIA 22555

Internal Use Only	
Project Name:	_____
A/P #:	_____
Date:	_____

All applicants for a special exception, a special use permit, conditional use permit, amendment to the zoning ordinance or variance shall make complete disclosure of the equitable ownership of the real estate involved in the application, including in the case of corporate ownership, limited liability company ownership or similar business ownership, the name of stockholders, officers, managing partners, general partners, owners and members, and in any case the names and addresses of all of the real parties in interest. The requirement of listing names of stockholders, officers and directors shall not apply to a corporation whose stock is traded on a national or local stock exchange and having more than 500 shareholders. In the event the ownership of the involved real estate changes in any respect during the time the application is pending, the applicant shall make complete disclosure of the new equitable ownership of the real estate involved in the application as required herein. If the applicant is a contract purchaser, the ownership information required herein shall be provided for the contract purchaser in addition to the owner of the real estate involved in the application. This section applies to applications before the board of supervisors, planning commission and board of zoning appeals.

See Section 15.2-2289 for State Enabling Authority

1. Applicant information

Name of Applicant Bryan Brown
Name of Company Raising Canes Restaurants LLC

Applicant Address 6800 Bishop Road
Plano, TX 75024

Applicant's Signature 

Name of Agent Charles W. Payne, Jr.

Address of Agent 725 Jackson Street, Suite 200, Fredericksburg, VA 22401

2. Type of Application

- | | |
|--|--|
| <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Special Exception |

Application Affidavit
Page 2

Applicant: Raising Canes Restaurants LLC

Project Name: _____
A/P #: _____
Date: _____

3. Property Information

Assessor's Parcel(s) 20AC-1-1

Address 425 Garrisonville Road
Stafford, VA 22554

4. Unless the equitable ownership is a corporation, limited liability company or similar business ownership, list all equitable owners of the property.

<u>Name of owners</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. If the equitable ownership of the property is a corporation, limited liability company or similar business ownership, list all officers, managing partners, general partners, share holders, owners and members. This provision shall not apply if the corporation is listed on a national or local stock exchange and has more than 500 shareholders.

<u>Name of Members</u>	<u>Address</u>
<u>*Please see attached*</u>	_____
_____	_____
_____	_____
_____	_____

6. Unless the applicant is a contract purchaser and is a corporation, limited liability company or similar business ownership, list all individuals involved with the purchase of the property.

<u>Name of Members</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

ATTACHMENT PAGE
EQUITY OWNERSHIP OF ROUTE 606-RESTON, LLC
No. 5, PAGE 15

ACE 333, LLC (Beatson)

170 Jennifer Road, Suite 330
Annapolis, MD 21401

DB Venture Fund, LLC (Daryl Brockman)

113 Sinegar Place
Potomac Falls, VA 20165

Daddy's Boy Wilson, LLC (Rothstein/Portnow)

8152 Pinehurst Harbour Way
Pasadena, MD 21122-5744

Beverly M. Dietz

728 South Union Street
Alexandria, VA 22314

Chad Fredrick

198 River Park Drive
Great Falls, VA 22066

Todd Fredrick

10707 Milkweed Drive
Great Falls, VA 22066

Herbert Springs Company LLC (T. Burke)

837 Herbert Springs Road
Alexandria, VA 22308

Marie Elise Kiper

11776 Stratford House Place, #106
Reston, VA 20190-3381

Brian E. McCann

1231 Woodbrook Court
Reston, VA 20194

NS McLean Holding LLC (Norton/Scott)

P.O. Box 865
Great Falls, VA 22066

ATTACHMENT PAGE
EQUITY OWNERSHIP OF ROUTE 606-RESTON, LLC
No. 5, PAGE 15

Geoffrey W. Pence

612 Deerfield Pond Court
Great Falls, VA 22066

Robert F. Pence

3030 K Street NW, PH#109
Washington, DC 20007

Susan S. Pence

3030 K Street NW, PH#109
Washington, DC 20007

Edwin Phelps

255 Wells Road
Palm Beach, FL 33480

Rentar, LLC

1577 Springhill Road, Suite 500
Vienna, VA 22182

Elaine W. Stoltz

4968 Westbriar Drive
Fort Worth, TX 76109

Michael L. Stoltz

4968 Westbriar Drive
Fort Worth, TX 76109

Michael W. Stoltz

932 Jaysmith Street
Great Falls, VA 22066

SVC-610, LLC (L.F. Jennings, Inc.)

407 N Washington Street, Suite 200
Falls Church, VA 22046

Wilma Investments, LLC (Rothstein/Portnow)

8152 Pinehurst Harbour Way
Pasadena, MD 21122-5744

Application Affidavit

Page 3

Applicant: Raising Canes Restaurants LLC

Project Name:	_____
A/P #:	_____
Date:	_____

7. If the applicant is a contract purchaser and is a corporation, limited liability company or similar business ownership, list all officers, managing partners, general partners, share holders, owners and members. This provision shall not apply if the corporation is listed on a national or local stock exchange and has more than 500 share holders

Name of Members

<u>Mike Andrews</u>	<u>President and CFO</u>
<u>Bryan Brown</u>	<u>Chief Development Officer</u>
_____	_____
_____	_____
_____	_____

8. Have all individuals listed on this affidavit been notified of the purpose of the application?

Yes No

9. If #8 is No, list all individuals who have not been notified about this application plus submit the cost required for the Department of Planning and Zoning or Code Administration to send certified letters notifying those listed below of this application prior to the public hearing.

<u>Name</u>	<u>Address, including zip code, no P.O. Box please</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of owners to be notified: _____ **X**

Cost for certified letters \$ _____ (cost as of the day of submittal)

Total due: \$ _____ (Make checks payable to County of Stafford)

Please submit a check in the amount due with this application to cover the cost of serving the individuals listed in this section.

Project Name:	_____
A/P #:	_____
Date:	_____

Application Affidavit

Page 4

Applicant: Raising Canes Restaurants LLC

10. Affirmation & Witness

I hereby make oath or affirmation that the contents of this affidavit are true and correct to the best of my knowledge, information and belief. In the event the ownership of the involved real estate changes during the time the application is pending, I shall make complete disclosure of the new equitable ownership of the real estate involved in the application as required herein.

Printed name of Signer Bryan Brown

Corporate Office of Signer Chief Development Officer

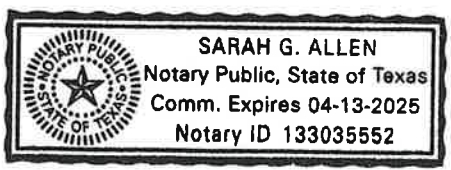
Signature *[Handwritten Signature]*

Date 3/14/23

State
COMMONWEALTH OF VIRGINIA Texas
COUNTY OF STAFFORD, to wit:
Collin

The forgoing affidavit was acknowledged before me this 14th day of March, 2023 by Bryan Brown, applicant.

My commission expires: 4-13-2025



Sarah G. Allen
Notary Public

Checklist for Generalized Development Plans (GDP)

In accordance with Section 28-224 of the Stafford County Code, when a GDP involves engineering, architecture, urban land use planning or design, landscape architecture, or surveying, such work shall be performed by persons qualified and authorized to perform such professional work, in accordance with applicable provisions of the Code of Virginia.

N/A COMPLETE

- | | | |
|-------------------------------------|-------------------------------------|---|
| | | Sec 28-225(1) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Date of drawing, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | true north arrow, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | scale, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | legend for all symbols used, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | name of the applicant, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | name of the owner, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | name of the development, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | person preparing the drawing, |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | match lines if applicable; |
| | | Sec 28-225(2) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Boundaries of the area covered by the application, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | vicinity map showing the general location of the proposed development, major roads and existing subdivisions at a scale of one inch equals two thousand (2,000) feet; |
| | | Sec 28-225(3) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approximate locations and identification of any easements and rights-of-way on or abutting the site; |
| | | Sec 28-225(4) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approximate location of each existing and proposed structure on the site |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | the number of stories, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | height, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | roof line, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | gross floor areas and |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | location of building entrances and exits; |
| | | Sec 28-225(5) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Identification and location of uses and structures on all abutting properties; |
| | | Sec 28-225(6) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approximate location of all existing and proposed parking and loading areas, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | outdoor trash storage, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | lighting facilities, and |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | pedestrian walkways; |
| | | Sec 28-225(7) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approximate location, height and type of each existing and proposed wall, fence, and other types of screening; |

Checklist for Generalized Development Plans (continued)

N/A COMPLETE

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sec 28-225(8)
Approximate location and description of all proposed landscaping; |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sec 28-225(9)
Approximate location, height and dimensions of all proposed signage on site; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sec 28-225(10)
Approximate location of all existing drainage ways, floodplains and wetlands on site; |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sec 28-225(11)
Approximate location of all common open space, recreational areas and bufferyards; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sec 28-225(12)
Where the site abuts any tidal water body or impoundments, the approximate high water line, low water line, top of bank and toe of slope; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sec 28-225(13)
Approximate location and identification of all significant natural or noteworthy features including, but not limited to, historic and archeological sites, cemeteries, existing trees with a trunk diameter greater than six (6) inches DBH |

Waiver of GDP Requirements

In accordance with Section 28-223 of the Stafford County Code, the Director of Planning and Zoning may waive the requirement for the submission of a GDP if the application meets one of the following standards:

- (1) There will be less than two thousand five hundred (2,500) square feet of total land disturbance on lots or parcels of less than ten thousand (10,000) square feet.
- (2) For single-family dwellings intended for the occupancy of the applicant and where there will be less than five thousand (5,000) square feet of land disturbance.
- (3) For specific items of information when, in the opinion of the director of planning, their application to the subject property does not serve the purpose and intent of this article.

A request for a waiver shall be made in writing to the Director of Planning and Zoning identifying the sections in which you are requesting a waiver and the reason for the request.

**CONDITIONAL USE PERMIT
TRANSPORTATION IMPACT
ANALYSIS DETERMINATION**

Name of development Raising Cane's Garrisonville
Type of development Restaurant with drive-through facilities
Parcel # 20AC-1-1

RECEIVED BUT NOT OFFICIALLY SUBMITTED DATE: _____ INITIALS _____
OFFICIALLY SUBMITTED DATE: _____ INITIALS _____

Traffic Volume Calculations

This site generates:

- 71 VPH (insert the highest VPH)
- 364 VPD on state controlled highways (insert highest volume).
- 71 Peak AM (VPH)
- 52 Peak PM (VPH)
- Peak Saturday (VPH)
- 364 VPD highest intensity*

Attach a page showing the calculations and the ITE trip generation codes to this form.

Minimum Thresholds to submit a TIA

Any proposal that generates 150 or more vehicle trips per day above the existing use, and the site meets the VDOT requirements for TIAs under 24 VAC 30-155 or Stafford County Rezoning TIA requirements. See "VDOT Traffic Impact Analysis Requirements" table on next page.

Trip Generation Calculation Guidelines

- Traffic volumes shall be based on the rates or equations published in the latest edition of the Institute of Transportation Engineers Trip Generation.
- If a site has multiple entrances to highways, volumes on all entrances shall be combined for the purposes of this determination.
- If the site does not have direct access to a state maintained road, the site's connection is where the site connects to the state highway system.
- Traffic volumes shall NOT be reduced through internal capture rates, pass by rates, or any other reduction methods.
- For redevelopment sites only: when the existing use is to be developed at a higher intensity, trips currently generated by the existing development that will be removed may be deducted from the total trips that will be generated by the proposed land use.
- When rezoning, use the highest possible traffic generating use unless development is limited by proffer to less than the possible highest traffic generation.

For development proposals that generate 1000 or more vehicle trips per peak hour the applicant shall request a scope of work meeting with VDOT and Stafford County Office of Transportation to discuss the required elements of a traffic impact analysis.

*The highest intensity use is the highest possible use allowable under the zoning requirements for the entire property should it be developed to its fullest extent possible under the current building guidelines. The only exception is if proffers limit the area and type of uses.

**Raising Cane's – Garrisonville Road
 Stafford County, VA**

Table 1: ITE Trip Generation – Typical Weekday – 11th Edition

Land Use (ITE Land Use Code)	Size	Average Daily Traffic (vpd)		AM Peak Hour (vph)		PM Peak Hour (vph)	
		Enter	Exit	Enter	Exit	Enter	Exit
Fast-Food Restaurant with Drive-Through Window (934)	3,077 s.f.	720	720	70	67	53	49
ITE Pass-By Trips – 49% AM Peak / 50% PM Peak		-356	-356	-33	-33	-25	-25
Primary Trips		364	364	37	34	28	24

Table 2: ITE Trip Generation – Typical Weekday – 11th Edition

Land Use (ITE Land Use Code)	Size	Average Daily Traffic (vpd)		AM Peak Hour (vph)		PM Peak Hour (vph)	
		Enter	Exit	Enter	Exit	Enter	Exit
High-Turnover (Sit-Down) Restaurant (932)	6,000 s.f.	322	322	32	25	33	21
ITE Pass-By Trips – 43%		-138	-138	-12	-12	-11	-11
Primary Trips		184	184	20	13	22	10

VDOT Traffic Impact Analysis Requirements

Process		Threshold	Review Process*	Fee**
Comprehensive Plan and Plan Amendments (including small area plans)		5,000 VPD on state-controlled highways, or Major change to infrastructure / transportation facilities	Application submitted to VDOT for review and comment VDOT may request a meeting with the locality within 30 days Review to be completed in 90 days or later if mutually agreed	\$1000 covers first and second review. No fee if initiated by locality or public agency. No fee for citizens' organization or neighborhood association proposing plan amendments.
Rezoning	Residential Low Volume Road Submission	400 VPD AND exceeds the current traffic volume on a state controlled highway	VDOT or local TIA (certified by VDOT) and Application submitted to VDOT for review and comment VDOT may request a meeting with the locality & applicant within 45 days Review to be completed in 120 days if VDOT requests a meeting Otherwise review to be completed in 45 days	For first and second review: \$250 - Low Volume Rd \$1000 – All other submissions
	All Other Land Uses including residential	5,000 VPD on state controlled highways, or 5,000 VPD on locality maintained streets AND within 3000 feet of a state controlled highway	NOTE: When a related comprehensive plan revision and rezoning proposal are being considered concurrently for the same geographical area, then only a rezoning TIA package is required.	No fee if initiated by locality or public agency No fee if using a VDOT TIA prepared for a small area plan

* For proposals generating less than 1000VPH the locality and/or applicant may request a Scope of Work Meeting with VDOT. For proposals generating 1000 VPH or more the locality and/or applicant shall hold a Scope of Work Meeting with VDOT.

** Third or subsequent submissions require additional fee as though they were an initial submission.