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 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.

Application Submittal Checklist

X	Completed "Project Information & I	Primary Contacts" form (Page 3)
X	Signed "Statements of Understanding	ng" from the owner(s) and applicant (Page 4)
X	Completed "General Information" s	heet (Pages 5 & 6)
X	-	" sheet and appropriate fees payable to "County o of Transportation" (if applicable) (Page 7)
X	Completed "List of Adjoining Prope	erty Owners" (Pages 8 & 9)
ŏs	ite Layout Plans (12 Sets)	
	lications for the Extension of Water and include:	d/or Sewer outside the Urban Services Area shall
\Box	Conceptual sewer and/or water line	ayout plan
Appl	lications for Telecommunication Facili	ties shall also include:
P	ropagation Maps showing the existing copies)	and proposed network coverage area (12 color
X P		nmunication facility or structure being used to ent, showing all proposed and future antenna
ECEIV	/ED	OFFICIALLY SUBMITTED
	INITIALS	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

PROJECT INFORMATIO	<u>N</u>	PROJECT #
Ramoth		
PROJECT NAME		SECTION
1151 Mountain View Rd.		28.432
ADDRESS (IF AVAILABLE)		TOTAL SITE ACREAGE
37 48A		A-1
TAX MAP/PARCEL(S)		ZONING DISTRICT
East of Mountain View Rd and	North of Canine Ct. intersection.	
LOCATION OF PROJECT		
·		
<u>APPLICANT/AGENT</u> (Pr Ap _l	ovide attachment if plicant and Agent differ)	Primary Contact Person □
Shea Beltran		NB+C d/b/a Verizon Wireless
NAME		COMPANY
6095 Marshalee Dr. Suite 300	Elkridge	MD 21075
ADDRESS	CITY	STATE ZIP
443-833-6337		sbeltran@nbcllc.com
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
OWNER (Provide attachm	nents if multiple owners)	Primary Contact Person □
OVVIVER (1 TOVICE attacini	ients ii mutupie owners)	•
		Stafford American Legion Post 290
NAME	C+ CC 1	COMPANY
PO Box 125	Stafford	VA 22555-0125
ADDRESS	CITY	STATE ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
PROFESSIONAL (Enginee	er, Surveyor, etc.)	Primary Contact Person □
Jacob Toroney		Morris & Ritchie Associates
NAME		COMPANY
1220-C East Joppa Rd. Suite 5	05 Towson	MD 21286
ADDRESS	CITY	STATE ZIP
610-223-3919		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.

Bruce Mills Signature of Owner/Co Owner	Bruce Milles Printed Name	7/25/20 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 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.

Signature of Applicant/Agent Shea Beltran 9/17/2020

Printed Name Date

^{*} Additional sheets may be used, if necessary.

General Information

CLEARLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PROJECT: NAME OF PROJECT: Ramoth SECTION: N/A □ No Is this application submitted in conjunction with another application? X Yes If YES, application name or number (if available): Ramoth/Conditional Use Permit COMPREHENSIVE PLAN LAND USE DESIGNATION: Rural Residential FEATURE REQUIRING REVIEW FOR COMPLIANCE WITH THE COMPREHENSIVE PLAN: Extension of sewer outside of the Urban Service Area (complete additional information) X 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: □hs □r□e t □rnsst □the installat □rn □ra □31 tele □rn □rn □rat □rn s a □llt□ and (ts ass □rated e □rated e to □rnd area at MIntain de direder isbrida i 460 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:

 \square Yes

□ No

Connects to existing sewer outside of the Urban Service Area?

Will sewer extend outside	the limits of t	he site?	□ Yes	□ No
If yes, how many existing	dwellings wo	uld have acce	ss to the sewe	er?
Pump station required?	□ Yes	□ No		
Type of proposed sewer:				
☐ Gravity				
☐ Low Pressure				
Type:	☐ Grinder			
	□ Ejector			
	□ Other:			
FOR TELECOMMUNICATION		•		
☑ New telecommunicatio	,			
Height of tower:				
Type of tower:	-			
	□ Self-suppo	· ·		
	☐ Guide wir	e		
	☐ Stealth			
		.1 .1		C :1:1
☐ Collocation on existing				n facility
Type of structure: _				
Height of structure				
Total height of stru			cluding lightr	iing rod):
Number of antenna				
Telecommunication			□ Yes □ No)
Within existing con	-	□ Yes □ No	1 1 1.	
Type of ground equ	upment:	□ Unmanne	a shelter	
D		□ Cabinets		
Dimensions of telec			-	
Height of the teleco	mmunication	ground equip	oment: <u>93.33</u>	

Review Fee Calculations

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

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.

37 49F	Woodhull, Anthon	y & Kayla	
TAX MAP / PARCEL	NAME		
43 Canine Ct.			
MAILING ADDRESS			
Fredericksburg		VA	22406-4411
CITY		STATE	ZIP

37 49K	Herriott, David C	& Donna Jeanne	
TAX MAP / PARCEL	NAME		
46 Canine Ct.			
MAILING ADDRESS			
Falmouth		VA	22406-4411
CITY		STATE	ZIP

37A 6	Winiesdorffer, Jo	seph A. Sr & Beverly	
TAX MAP / PARCEL	NAME		
49 Lake Forest Dr.			
MAILING ADDRESS			
Falmouth		VA	22406-4446
CITY		STATE	ZIP

37A 8	Podleiszek, Randy C.		
TAX MAP / PARCEL	NAME		
91 Lake Forest Dr.			
MAILING ADDRESS			
Fredericksburg		VA	22406-4446
CITY		STATE	ZIP
37A 7	Aldridge, Rachel		
37A 7 TAX MAP / PARCEL	Aldridge, Rachel NAME		
			
TAX MAP / PARCEL			
TAX MAP / PARCEL 67 Lake Forest Dr		VA	22406-4446

37A 9	Peterman, Ronald R. & Laurel S.	
TAX MAP / PARCEL	NAME	
141 Lake Forest Dr.		
MAILING ADDRESS		
Fredericksburg	VA	22406-4445
CITY	STATE	ZIP

37 49R	Addis, Jason D. & Maria	ı T.	
TAX MAP / PARCEL	NAME		
1079 Mountain View	v Rd.		
MAILING ADDRESS			
Fredericksburg		VA	22406-4429
CITY		STATE	ZIP

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37 49P	Ryan Charles G III & Barb	oara J	
TAX MAP / PARCEL	NAME		
1089 Mountain View MAILING ADDRESS	w Rd.		
Falmouth		VA	22406-4429
CITY		STATE	ZIP

37 51	Schain, Andrew J		
TAX MAP / PARCEL	NAME		
1098 Mountain Viev	v Rd.		
MAILING ADDRESS			
Falmouth		VA	22406-4430
CITY		STATE	ZIP

37 49B	Kitta, Thomas & Kathy Reel Kitta		
TAX MAP / PARCEL	NAME		
1099 Mountain Vie	w Rd.		
MAILING ADDRESS			
Falmouth		VA	22406-4431
CITY		STATE	ZIP

37 52	Graham, Ryan L.		
TAX MAP / PARCEL	NAME		
1106 Mountain Vie	w Rd.		
MAILING ADDRESS			
Fredericksburg		VA	22406-4432
CITY		STATE	ZIP
37 49	Henning, Deborah & Scott		
	<u> </u>		
TAX MAP / PARCEL	NAME		
TAX MAP / PARCEL 1107 Mountain Vie			
1107 Mountain Vie		VA	22406-4433
1107 Mountain Vie MAILING ADDRESS		VA STATE	22406-4433 ZIP

37 50	Horne, Carol Viola		
TAX MAP / PARCEL	NAME		
1121 Mountain View MAILING ADDRESS	w Rd.		
Falmouth		VA	22406-4433
CITY		STATE	ZIP

28 34	Wyatt, Jason & Margaret		
ΓAX MAP / PARCEL	NAME		
1181 Mountain Vie	ew Rd.		
MAILING ADDRESS			
Fredericksburg		VA	22406-4433
		STATE	ZIP

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Provide additional pages if needed.

28 80	Cooper, William D		
TAX MAP / PARCEL	NAME		
3717 14th St. S			
MAILING ADDRESS			
Artlington		VA	22204-5039
CITY		STATE	ZIP

37A 5	RUDDLE BRUCE J & SUSAN M		
TAX MAP / PARCEL	NAME		
31 LAKE FOREST	Γ DR		
MAILING ADDRESS			
FREDERICKSBU	RG	VA	22406-4446
CITY		STATE	ZIP

37 49A	FOUNDATION HOMES INC	
TAX MAP / PARCEL	NAME	
1003 BRAGG RD		
MAILING ADDRESS		
FREDERICKSBURG	VA	22407-4909
CITY	STATE	ZIP