

MINOR SITE PLAN  
MINOR SITE PLAN AMENDMENT  
APPLICATION



July 1, 2021

715 Princess Anne Street, Room 209  
P O Box 7447  
Fredericksburg, VA 22404

Phone: (540) 372-1179

[www.fredericksburgva.gov](http://www.fredericksburgva.gov)

Procedures for this application can be found in  
[Part 2 Section 9.J of the UDO Procedures Manual.](#)

## APPLICATION SUBMITTAL CHECKLIST

- Pre-Application TRC Date \_\_\_\_\_
- Completed "Project Information and Primary Contacts" Form
- Completed "Ownership" Form with related documents
- Completed "Detailed Project Description" Form
- Completed "Cultural Resources Assessment" Form
- Signed "Statements of Understanding" form (Owner(s) and Applicant)
- Completed "Checklist for Minor Site Plan" signed by the engineer who prepared the plan
- Nine (9) 24"x36" sets
- Required Fee

<b>FOR OFFICIAL USE:</b>  RECEIVED DATE _____  INITIALS _____	OFFICIALLY SUBMITTED DATE _____  INITIALS _____
POST APPLICATION TRC DATE _____	PROJECT NUMBER _____

## PROJECT INFORMATION & PRIMARY CONTACTS

Select One:

Minor Site Plan

Minor Site Plan Amendment

### PROJECT INFORMATION

PROJECT NAME \_\_\_\_\_

ADDRESS (IF AVAILABLE) \_\_\_\_\_

LOCATION OF PROJECT \_\_\_\_\_

TOTAL SITE ACREAGE \_\_\_\_\_

GPIN # \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

### APPLICANT /AGENT

PRIMARY CONTACT PERSON

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### OWNER (Provide attachments if multiple owners)

PRIMARY CONTACT PERSON

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### PROFESSIONAL (ENGINEER, SURVEYOR, etc.)

PRIMARY CONTACT PERSON

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**OWNERSHIP**

**Source of Title / Instrument #:**

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**If owned by a Limited Liability Corporation (LLC):**

1. Attach a "Certificate of Fact of Existence" from the State Corporation Commission; and
2. List the names and titles with authority to sign on behalf of the LLC:

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**OR**

**If owned by a Corporation (Inc.):**

1. Attach a "Certificate of Good Standing" from the State Corporation Commission; and
2. List the names and titles with authority to sign on behalf of the corporation:

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**STATEMENTS OF UNDERSTANDING**

As owner/co-owner of the property subject to this application, I do hereby certify that I have read and understood the requirements of this submission for review and approval as provided under the Code, and, further, that this submittal is in compliance with the requirements and applicable provisions of the Unified Development Ordinance, Chapter 72 of the Fredericksburg City Code for the zoning districts in which this project is located.

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Signature of Owner/Co-Owner	Printed Name/Title	Date
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Signature of Owner/Co-Owner	Printed Name/Title	Date
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Signature of Owner/Co-Owner	Printed Name/Title	Date
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As Applicant or Agent for the Owner(s) of the property subject to this application, I do hereby certify that I have read and understood the requirements of this submission for review and approval as provided under the Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Unified Development Ordinance, Chapter 72 of the Fredericksburg City Code for the zoning districts in which this project is located.

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Signature of Applicant/Agent	Printed Name/Title	Date
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## DETAILED PROJECT DESCRIPTION

CLEARLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PROJECT.

DESCRIPTION (INCLUDING USE): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SITE STATISTICS:

_____ # Project Acres	_____ # of Buildings	_____ Public Streets
_____ # Impervious Acres	_____ # of Building SF	_____ Private Streets
_____ # of Open Space Acres	_____ # of Dwelling Units	_____ # SWM Facilities
	_____ # of Stories	

### ZONING:

Zoning District: \_\_\_\_\_

Are there any **CONDITIONS** associated with this application?

Special Use Permit (s)	YES <input type="checkbox"/>	Res# _____	NO <input type="checkbox"/>
Rezoning (s)	YES <input type="checkbox"/>	Ord# _____	NO <input type="checkbox"/>
Special Exception (s)	YES <input type="checkbox"/>	Res# _____	NO <input type="checkbox"/>
Waiver(s), Appeal(s), Exception(s)	YES <input type="checkbox"/>	# _____	NO <input type="checkbox"/>

### PLAN AMENDMENTS:

Is this a **REVISION** to a previously approved Minor Site Plan? YES  NO

If YES, provide original Project #: \_\_\_\_\_

If YES, please provide Amendment Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CULTURAL RESOURCES ASSESSMENT**  
*for Development Applications*

This is a desk review of the project and is subject to change if additional information becomes available. Please provide documentation of previous grading, cultural resource studies, or other information relevant to the archaeological potential of the subject site.

**Parcel(s) for which assessment is requested:**

GPIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Staff Use Only*

**Findings:**

- The parcel(s) includes medium-high or high probability areas for the presence of archaeological resources as shown on the City's [Archaeological Predictive Model](#).
- Archival records, previous studies, or the presence of previously recorded archaeological sites indicate that there is a high potential for finding archaeological resources on the parcel(s).
- No archaeological or historic sites or graves are recorded on the project area.
- Further cultural resource review is not warranted due to previous ground disturbance, recommendations of no further work from prior cultural resource survey reports, or a previous compliance process associated with Section 106 of the National Historic Preservation Act.

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Development Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This assessment is valid for 180 days from the signature date.

**MINOR SITE PLAN FEES**  
**EFFECTIVE JULY 1, 2021 (ORD 21-13)**

<b>Minor Site Plan Original Submission Fee</b>	\$575	Fee	
<b>Minor Site Plan Amendment Fee</b>	\$250	Fee	
<b>Archaeology Fee</b>	\$60	Fee	<b>\$60</b>
<b>Total Fee Due</b>			



**CHECKLIST FOR MINOR SITE PLAN AND MINOR SITE PLAN AMENDMENT**

1	Application and nine (9) minor site plans.	
2	Per § 72-21.6.A.(5), the applicant shall provide satisfactory evidence that any delinquent real estate taxes, nuisance charges, stormwater management utility fees, and any other charges that constitute a lien on the subject property, that are owed to the locality and have been properly assessed against the subject property, have been paid.	
3	The scale of the plan, the name of the individual who prepared the plan and north arrow shall be shown.	
4	Owner names and Geographic Parcel Identification Number labeled for land being developed and adjoining properties	
5	The zoning classification for the area being developed and for adjoining properties. As applicable, a copy of the conditional zoning ordinance, variance approval, special exception, and/or special use permit resolution for the property being developed with narrative and graphic description how proffers and/or conditions will be implemented shall be included on the plan	
6	Names and locations of adjacent property owners and subdivisions shall be identified.	
7	<p>The following information shall also be shown:</p> <ul style="list-style-type: none"> <li>a. Project narrative explaining the changes to the site and proposed use;</li> <li>b. The boundaries of the subject property and building setback lines;</li> <li>c. The location and dimension of all existing and proposed structures;</li> <li>d. The location of all parking and loading spaces (Non-ADA, ADA, Bicycle Parking, and Loading Spaces);</li> <li>e. Calculations for required and proposed parking;</li> <li>f. Calculations for required and proposed open space area;</li> <li>g. Calculations for the required and proposed floor area ratio;</li> <li>h. Existing and proposed ingress/egress to and from the property;</li> <li>i. The location of required buffer yards and landscape areas;</li> <li>j. The location of existing and proposed fire hydrants;</li> <li>k. The location of existing and proposed utilities;</li> <li>l. The proposed limits of disturbance with acreage amount labeled and any necessary erosion and sediment controls;</li> <li>m. Detail, location, and photometric plan for lighting shall be indicated in accordance with § 72-58;</li> <li>n. Any other information which the Development Administrator may deem necessary in order to fully evaluate the Minor Site Plan.</li> </ul>	

8	<p>The location and dimension from any property line of the following in accordance with § 72-82.4.C(2):</p> <ul style="list-style-type: none"> <li>a. Heating, ventilation, air conditioning, and emergency electricity generation equipment;</li> <li>b. Bay or display windows that project beyond the building line;</li> <li>c. Chimneys;</li> <li>d. Covered and uncovered porches and stoops;</li> <li>e. Basement entrances, fire escapes, and uncovered stairs;</li> <li>f. Awnings, cornices, canopies, eaves, and balconies;</li> <li>g. Carports;</li> <li>h. Uncovered decks;</li> <li>i. Roofed deck</li> </ul>	
9	<p>Approval Block containing:</p> <p>_____</p> <p>Development Administrator</p> <p>_____</p> <p>Zoning Administrator (if conditional zoning applies)</p> <p>_____</p> <p>Historic Resources Planner (if in Historic District or Gateway Overlays)</p> <p>_____</p> <p>Stormwater Administrator</p> <p>Approved for Fire Lanes and Signage, Hydrant locations and Color Coding, FDC and PIV Locations, Turning Radii and Roadway Width for Emergency Vehicles</p> <p>_____</p> <p>Fire Marshal</p> <p>Approved for Work Related to Public Water, Sewer, Storm Drainage, Street Trees and Rights-of-Ways</p> <p>_____</p> <p>Department of Public Works</p>	

I, \_\_\_\_\_, do hereby certify that the plan submitted with this checklist conforms to the requirements of the Fredericksburg City Code. I further certify that the above checklist is complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date