



Spotsylvania County
 9019 Old Battlefield BLVD, Suite 300
 Spotsylvania, VA 22553
 P-(540) 507-7222 F-(540) 507-7281

RPA BUFFER AREA MODIFICATION PERMIT APPLICATION
 A pre application conference is requested on all projects being applied for

This modification request is only applicable for permitted modifications to the Resource Protection Area 100-foot buffer area as outlined in Spotsylvania County CBPO Chapter 6A and Section 9 VAC 10-20-130 5 of the Chesapeake Bay Preservation Area Designation and Management Regulation.

Official Use Only		Application # _____	
Wetland Permit:		ESC Permit	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Approved
			<input type="checkbox"/> Denied
			<input type="checkbox"/> Not applicable
<u>Conditions/Comments:</u>			

Approved by Environmental Engineer		Approved by Title	
Date _____		Date _____	

Information Required									
Applicant/Professional					Property Owner				
Name:					Name:				
Address					Address				
City/State/Zip					City/State/Zip				
Phone #					Phone #				
Email					Email				
Fax					Fax				
Application									
<input type="checkbox"/> RPA ENCROACHMENT	<input type="checkbox"/> SILVICULTURE	<input type="checkbox"/> SMZ REPAIR	<input type="checkbox"/> RPA - VIOLATION	<input type="checkbox"/> OTHER					
DOCUMENTATION PROVIDED									
SITE PLAN - 3 COPIES	PHOTOS – BEFORE	DURING	AFTER	WQIA – 2 COPIES	PFD – 2 copies				
Project Information			Voting District:			Land Disturbance:			
Tax map	Double Circle	Block	Parcel Number	Lot size (Ac)	Zoning	Magisterial District			
Project site physical address number:		Street/road name:							
IS THIS A GATED COMMUNITY? YES NO IF YES, PLEASE NOTE GATE CODE									
Existing land use: <input type="checkbox"/> SF Residential <input type="checkbox"/> MF Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office/Mixed									
Purpose of Modification (Check all that apply): <input type="checkbox"/> Sight lines and/or Vista <input type="checkbox"/> Access Path <input type="checkbox"/> Beach <input type="checkbox"/> Bulkhead									
<input type="checkbox"/> General Woodlot Management <input type="checkbox"/> Dead, diseased, or dying trees <input type="checkbox"/> Boat House <input type="checkbox"/> Boat Ramp <input type="checkbox"/> Dock <input type="checkbox"/> PFD/RPA									
<input type="checkbox"/> Shoreline Erosion Control (VMRC Permit # _____) <input type="checkbox"/> Other _____									
Estimated number of plants to be removed		Trees	Shrubs	Ground cover					
RESPONSIBLE LAND DISTURBER (Required if over 2,500 SF of land disturbance)									
Name: _____					RLD Number: _____ Exp. Date: _____				
PHONE: _____					FAX: _____				

Description of Proposed Activity:

NOTE: If any land is disturbed, then the Water Quality Impact Assessment may be required by the Environmental Engineer or Chesapeake Bay Manager.

APPLICANT STATEMENT

I hereby certify that I have the authority to make the foregoing application, that the information provided is complete and correct to the best of my knowledge, and that any activities on this site will conform with the regulations as set forth in the Spotsylvania County Chapter 6A Chesapeake Bay Preservation & Zoning Ordinance as written and with the description and limits as set forth and approved in this application.

Applicant's Signature (if not property owner) Date

Applicant's Signature (if not property owner) Date

PROPERTY OWNER STATEMENT

I hereby certify that I/we own the above described property, that the information provided is complete and correct to the best of my knowledge, and that the above person(s), group, corporation or agent has the full and complete permission of the undersigned owner(s) to make application for the RPA Modification Permit approval as set for in the Spotsylvania County Chapter 6A Chesapeake Bay Preservation & Zoning Ordinance as written.

Property Owner's Signature Date

Property Owner's Signature Date

PROFESSIONAL STATEMENT

I hereby certify that I have the authority to make the foregoing application, that the information provided is complete and correct to the best of my knowledge, and that any activities on this site will conform with the regulations as set forth in the Spotsylvania County Chapter 6A Chesapeake Bay Preservation & Zoning Ordinance as written and with the description and limits as set forth and approved in this application.

Professional's Signature (if not property owner) Date

Professional's Signature (if not property owner) Date

CONDITIONS

1. This permit application is not valid unless all property owner(s) signatures are affixed and dated.
2. All permit application charges are nonrefundable, regardless of whether the permit application is approved or denied once submitted.
3. Any approval of a RPA Modification Permit is issued on the basis of plans and application approved and authorizes only the activities specifically set forth in such approved plans and applications. Any deviations from the plans and application submitted shall render an approved RPA Modification Permit null and void and may result in additional actions by Spotsylvania County.
4. **Sec. 6A-19. Appeals.**

An administrative decision, order, requirement, or inaction under this chapter shall become final unless appealed by the applicant by submitting a written application for review to the board of supervisors no later than sixty (60) days from the rendering of such decision, order, requirement, or deadline. The board of supervisors shall hear the appeal as soon as practical after receipt of the application. The appellant, the board of supervisors, the zoning administrator, the planning director, and any person or agency expressing an interest in the matter shall be notified by the board of supervisors not less than ten (10) days prior to the date of the hearing. Published notice of the board of supervisor's public meeting shall state that an appeal from a decision under the Chesapeake Bay Preservation Ordinance will be considered.

The board of supervisors may grant an appeal with or without modifications or conditions upon finding that such grant meets the standards in this chapter. If the board of supervisors finds that the application does not meet the requirements of this chapter, the board of supervisors shall deny approval of the application.

(Ord. No. 6A-3, 2-10-04)

If Bond is Required

Bond Amount		Bonding Secured (Y/N)		CASH	INS.	CREDIT
Approval Date	Authorized Signature					
FEES	Envir.	Utility	Inspection	Sub Total		



Application Designated Contact

The following person is the primary point of contact for all questions that may arise during the plan review process.

Applications will not be accepted without this information.

NAME: _____

MAILING ADDRESS: _____

FAX NUMBER: _____

DAYTIME PHONE # _____

E-MAIL: _____

This person is the (circle one):

Land Owner

Contractor

Design Professional

Other:

Applicant's Signature

Date

Applicant's Printed Name