

SPECIAL EXCEPTION APPLICATION CHECKLIST Page 1 of 3

Pre-application conference with Planning Department is mandatory to clarify requirements.

Please type or print legibly.

REQUIREMENT	YES	NO	N/A - State reason (Use separate sheet if necessary)
DOCUMENTATION			
1. Completed Land Development Application form, including indication of category/subcategory as appropriate.	YES		
2. Fee check.	YES		
3. Conflict of Interest Statement. (15 copies)	YES		
4. Special Exception Plat, folded . * (15 copies) 11" X 17" reduction.	YES		
5. Fauquier County Parcel Identification Map. (with subject property highlighted in red)	YES		
6. Statement of Justification ** (15 copies)	YES		
7. Optional - Photographs of the property showing existing structures, terrain and vegetation.			
8. Additional information as requested.			
9. Completed, signed Special Exception Application Checklist.	YES		
SPECIAL EXCEPTION PLAT REQUIREMENTS (As set forth by zoning ordinance or other County Ordinance online at www.fauquiercounty.gov)			
The Special Exception Plat shall:			
1. Be drawn at approved scale.	Yes		
2. Show boundaries of entire property, with bearings and distances on all boundary lot lines.	Yes*		* See Sheet 2. Certified Plat-PRD PLAN SET
3. Show the total area of the property in square feet or acres.	*		* See sheet 3. Certified Plat-PRD-PLAN SET
4. Include the scale and north arrow.	Yes		
5. Show public right(s)-of-way, including names, route numbers and width.	*		* See sheet 2. Certified Plat-PRD PLAN set
6. Indicate proposed means of ingress and egress to the property from a public street.	*		* See Sheet 5. OVERALL Site PLAN - PRD PLAN Set * Sheet 24. Regulatory Line Average Traffic Volumes
7. Show parking spaces, existing and/or proposed, indicating minimum distance from the nearest property line.	N/A		
8. Incorporate latest County Soil Survey Map (or Type 1 Soil map if available) along with the "Summary of Soil Characteristics and Use Potential" for each mapping unit from the most current <i>Interpretive Guide to Soils of Fauquier Co.</i> and 5-foot contours from the County GIS Department. State source and original scale.	*		* See Sheet 23. SOIL MAP - PRN PLAN Set
9. Where appropriate, a statement from the Health Department indicating that available facilities are adequate for the proposed use or indication that the subject property is served by public water and/or sewer.	YES		See Sewer Note on Special Exception Plat Site to be served by Public Water see sheet 6. Neighborhood Regulatory Plan-PRN Plan Set
10. Include a map (3" X 3") showing vicinity of property.	*		
11. Where applicable, seating capacity, usable outdoor recreation area, emergency access, bicycle parking, fencing, limits of clearing, landscaping and screening, outside lighting, loud speaker, required and/or proposed improvements to public right(s)-of-way.	N/A		
12. Include seal and signature of person certifying the plat.	*		See sheets 2+3 Certified Plat-PRN PLAN set

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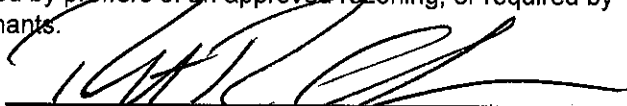
STATEMENT OF JUSTIFICATION REQUIREMENTS (AS APPLICABLE) See Article 5 of Zoning Ordinance	SUBMITTED		
	YES	NO	N/A
1. Include the type(s) of operation(s).			
2. Include hours of operation.			
3. Include an estimated number of patrons/clients/patients/pupils/ etc.			
4. Include the proposed number of employees, attendants, teachers etc.			
5. List qualifications of applicant and operators of the proposed use. Where applicable, submit a copy of professional or occupational certification or license.			
6. Provide estimate of traffic impact of proposed use, including the maximum expected trip generation and the distribution of such trips by mode and time of day.			
7. State vicinity or general area to be served by the use.			
8. For other than residential development, description of building façade and architecture of proposed new building or addition.			
9. A statement that the proposed use conforms to the provision of all applicable conditions, or if any waiver, exception or variance is sought by the applicant from such ordinance, regulations, standards and conditions, such shall be specifically noted with the justification for any such modification.			

ADDITIONAL REQUIREMENTS

See Article 5 of Zoning Ordinance under the specific category number for any additional submission requirements or standards that must be met.

CERTIFICATION OF APPLICATION SUBMISSION

I hereby certify that the stated information is included in the attached special exception application and accompanying materials. Further, I have included on the plat any conditions required by proffers of an approved rezoning, or required by special exception or variance approval, special agreements or covenants.



 Engineer or Surveyor's Signature

VIKI, INC

 Firm Name

11/20/09

 Date

Application: _____ Accepted _____ Rejected

 Development Technician/Planner

 Date