NAME OF LOCALITY

Address_____
Address_____
Phone Number_____ Fax Number _____

RPA EXCEPTION APPLICATION

This application is required for consideration of any request for development activities in the Resource Protection Area that are not permitted by right as outlined under Local Code Section and 9 VAC 10-20-130 1 of the Chesapeake Bay Preservation Area Designation and Management Regulations.

Official Use Only

Application #_____ Application: ☐ $50

Exception request: ☐ Approved ☐ Denied Date of hearing:_____

Conditions/Comments:
_____
_____
_____

_____ _____ Expiration Date:_____
Approved by Title Date

_____ _____
Approved by Title Date

APPLICANT INFORMATION

Name: _____
Address:_____ City/State/Zip:_____
Phone:_____ Fax:_____

PROPERTY OWNER INFORMATION

Name: _____
Address:_____ City/State/Zip:_____
Phone:_____ Fax:_____

RESPONSIBLE LAND DISTURBER (Required if over 2,500 SF of land disturbance)

Name: _____ RLD Number:_____
Phone:_____ Fax:_____

GENERAL PROJECT INFORMATION

Parcel Number: _____ E911/Street Address:_____
Magisterial District:_____ Zoning District:_____
Lot Size (in acres):_____ ☐ RPA ☐ Both RPA and RMA
Date or plat or lot recordation:_____

A. DESCRIPTION OF EXCEPTION REQUEST

Requested activity: ☐ Detached accessory structure Dimension and square footage:_____
Purpose of structure (i.e garage, deck, pool, etc)_____
Distance from water feature or wetlands:_____

☐ Principal structure (i.e. house) Dimension and square footage:_____
Distance from water feature or wetlands:_____

☐ Other (please describe):_____
Distance from water feature or wetlands:_____

Other RPA impacts:

☐ Removal of trees Number and size(s)(DBH):_____

Type(s) of trees:_____

Land disturbance: Square footage within RPA: _____

B. PROPOSED MITIGATION:

☐ Tree replacement Number and size(s):)_____ Type(s) of trees:_____

☐ Shrub replacement Number and type(s):_____

☐ Ground cover planting type(s):_____

☐ Water quality BMP proposed as mitigation
Calculations complete ☐ **Yes** ☐ **No**
BMP designed in accordance with the Virginia Stormwater Management Handbook ☐ Yes ☐ No
BMP maintenance agreement included ☐ Yes ☐ No

C. SITE DRAWING REQUIRED ☐ **Yes** ☐ **No Signed:** _____

A site drawing, which shows the following must be attached to this application

1. Location of the Resource Protection Area, including the 100-foot buffer area;
2. Location of proposed structure(s), including all proposed impervious cover such as buildings, patios, walkways, driveways, etc.
3. Location and nature of existing vegetation onsite, including the number and type of trees and other vegetation to be removed in the RPA buffer area, as indicated above.
4. Type and location of replacement vegetation, as noted above.

D. 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 Name of Locality 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

E. 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 Name of Locality Zoning Ordinance as written.

_____ _____
Property Owner's Signature Date

_____ _____
Property Owner's Signature Date

F. STAFF REVIEW NOTES:

Site drawing complete? ☐ Yes ☐ No
If no, list elements needed for review:_____

WQIA submitted and complete? ☐ Yes ☐ No
If yes, date submitted:_____

Proposed Mitigation Sufficient? ☐ Yes ☐ No
Additional mitigation required:_____

NOTE: A Water Quality Impact Assessment in accordance with Local Code Section must be submitted before this request will be processed.

G. STAFF REPORT PREPARED ☐ Yes ☐ No

Date prepared:_____ By:_____

H. EXCEPTION REQUEST CONSIDERATION

By:_____ Date(s):_____

Decision:_____

Conditions? ☐ Yes ☐ No If yes, see first page for list

I. PROJECT CLOSURE:

Follow up site visit conducted? ☐ Yes ☐ No
If yes, date of site visit:_____

If yes, mitigation installed and healthy? ☐ Yes ☐ No
If no, list remediation required:_____

If no site visit, photo documentation submitted to show installation of mitigation has been completed?
☐ Yes ☐ No