



**Chesterfield County**  
[www.chesterfield.gov](http://www.chesterfield.gov)  
**Environmental Engineering**  
 P.O. Box 40  
 Chesterfield, VA 23832  
 (804) 748-1035

FOR OFFICE USE ONLY	
Case No. _____	
Date Rec'd. _____	
Time Rec'd. _____	Receipt No. _____
Received by _____	
<b>Water Quality Impact Assessment Required: Y/N</b>	
<b>Water Quality Impact Assessment Received: Y/N</b>	
<b>WQIA Approved by Water Quality: Y/N</b>	
Approval of Application: Initials _____	Date _____
<b>Planning Department</b>	
Approval of Request: Initials _____	Date _____

**APPLICATION FORM  
 REQUEST FOR A LAND DEVELOPMENT ENCROACHMENT WITHIN THE DESIGNATED  
 RESOURCE PROTECTION AREA OF THE CHESAPEAKE BAY PRESERVATION AREAS OF  
 ZONING ORDINANCE**

**Information must be typed or printed and completed in full.  
 INCOMPLETE OR INCORRECT APPLICATIONS WILL NOT BE ACCEPTED.  
A WATER QUALITY IMPACT ASSESSMENT, MAY BE REQUIRED IN ORDER FOR THIS  
 APPLICATION TO BE DEEMED COMPLETE**  
 Attached additional pages where necessary.

ENCROACHMENT REQUEST INFORMATION	
This request is only applicable for modifications as outlined in Division 4. of the Zoning Ordinance, provide the section of ordinance for which the encroachment is being requested:	
Description of the proposed activity for which the buffer modification is being requested: _____ _____	
Identify the limits of the proposed buffer modification into the RPA (ft <sup>2</sup> ):	
If any land disturbance or impervious cover is to occur as a result of the proposed modification(s), then a Water Quality Impact Assessment (WQIA) must be submitted with this application. <b>Provide a list of proposed mitigation measures and practices relating to the encroachment request:</b>	

I. PROPERTY OWNER INFORMATION
Property Owners Name: _____ Contact Information: Phone: _____ Fax: _____ E-mail: _____ Mailing Address: _____
II. SUBJECT PARCEL INFORMATION
Tax ID#: _____ Parcel address: _____ Subdivision name and section number: _____ Attach map identifying the location of the subject property. Attach map with aerial layer showing the limits of the proposed encroachment (as applicable).

III. SUPPORTING INFORMATION			
<input type="checkbox"/> Proposal & Plan Details of Project	<input type="checkbox"/> Water Quality Impact Assessment (WQIA)	<input type="checkbox"/> Applicable Zoning Conditions	<input type="checkbox"/> Home Owners Association Approval
<input type="checkbox"/> Jurisdictional Determination or Verification letter from USCOE	<input type="checkbox"/> Land Disturbance Permit	<input type="checkbox"/> Parcel Exhibit of RPA Designations & Limits, and Other Development Limitations (e.g. floodplain, easements)	
<input type="checkbox"/> Approved USCOE Joint Permit Application (JPA), if necessary	<input type="checkbox"/> Limits of the proposed buffer modification	<input type="checkbox"/> Recent photographs of the existing buffer vegetation to be modified	<input type="checkbox"/> Proposal is part of County Plan review process. Reference Plan #: _____

**IV. PROJECT INFORMATION**

**A. Provide as an attachment justification for the proposed encroachment and a discussion of how each of the findings listed as part of Sec 19.1-527.B.1 – Exceptions – pertaining to the requested type of encroachment are met:**

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**B. List any exceptions to the Chesapeake Bay Preservation ordinance that have been previously granted for the parcel(s) in question:**

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**C. I/We hereby certify that to the best of my/our knowledge all the above statements and statements contained in any exhibits transmitted are true. (NOTE: The property owner must sign the application. If the property owner does not sign the application, the agent must have limited Power of Attorney.)**

Date: \_\_\_\_\_, 20\_\_\_\_.

<hr/> <b>SIGNATURE OF PROPERTY OWNER</b>	<hr/> <b>SIGNATURE OF AGENT</b> (Name of person other than, but acting for, the property owner responsible for this application)
<hr/> <b>PROPERTY OWNER'S NAME</b> (Typed or printed)	<hr/> <b>AGENT'S NAME</b> (Typed or printed)
<hr/> <b>SIGNATURE OF APPLICANT</b> (If different from property owner.)	<hr/> <b>SIGNATURE OF CONTRACTOR</b>
<hr/> <b>APPLICANT'S NAME</b> (Typed or printed)	<hr/> <b>CONTRACTOR'S NAME</b> (Typed or printed)
<b>Applicant's Address:</b> <hr/> <hr/>	<b>Company's Address:</b> <hr/> <hr/>
<b>Phone:</b> _____	<b>Phone:</b> _____
<b>E-mail:</b> _____	<b>E-mail:</b> _____