



Fauquier County
Department of Community Development
16 Courthouse Square
Warrenton, VA 20186
540-422-8200 FAX 540-422-8231
www.fauquiercounty.gov



SPECIAL EXCEPTION CHECKLIST

PROJECT NAME: Town of Warrenton DPW Salt Shed

PIN(S): 6983-81-0145-000

REQUIREMENT	YES	NO – State Reason
Documentation		
Completed Land Development Application form, signed by the owner and applicant or agent.	<input checked="" type="checkbox"/>	
Conflict of Interest Statement	<input checked="" type="checkbox"/>	
Special Exception Plat (See Below) – 24" x 36" – 10 copies folded	<input checked="" type="checkbox"/>	
Special Exception Plat (See Below) – 11" x 17" – 10 copies folded	<input checked="" type="checkbox"/>	
Statement of Justification (See Below) – 10 copies	<input checked="" type="checkbox"/>	
Photographs of the property showing existing structures, terrain and vegetation (OPTIONAL).	<input checked="" type="checkbox"/>	
Fee Calculation Sheet and Associated Fee	<input checked="" type="checkbox"/>	
Traffic Impact Analysis (TIA) or Traffic Assessment as per Section 301B of the Design Standards Manual	<input type="checkbox"/>	Not applicable.
Completed, signed Special Exception Checklist	<input checked="" type="checkbox"/>	
Any other information required by the provisions of Articles 4 or 5 or requested by the Board or Commission which may not be required as part of the original submission.	<input checked="" type="checkbox"/>	
Flash Drive containing PDFs of all submission materials.	<input checked="" type="checkbox"/>	
Special Exception Plat Requirements		
Drawn at an approved scale	<input checked="" type="checkbox"/>	
Boundaries of entire property, with bearings and distances.	<input type="checkbox"/>	Not applicable
Total area of the property in square feet or acres.	<input checked="" type="checkbox"/>	
Scale and north arrow.	<input checked="" type="checkbox"/>	
Public right(s)-of-way, including names, route numbers and width.	<input checked="" type="checkbox"/>	
Proposed means of ingress and egress to the property from a public street(s).	<input checked="" type="checkbox"/>	
Parking spaces, existing and/or proposed, indicating minimum distance from the nearest property line.	<input type="checkbox"/>	No ex. or prop. parking.

REQUIREMENT	YES	NO – State Reason
Where wells and/or septic fields are proposed, soils analysis/information indicating general feasibility of proposed use or indication that the subject property is served by public water and/or sewer. Where appropriate, a statement from the Health Department indicating that available facilities are adequate for the proposed use.	<input type="checkbox"/>	Not applicable.
A map (3" x 3") giving the general vicinity of the subject property.	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
Seal and signature of person certifying the plat.	<input checked="" type="checkbox"/>	
Any other information needed to demonstrate that the proposed use is consistent with the purpose and intent of the applicable zoning district and satisfies the standards in the Zoning Ordinance.	<input checked="" type="checkbox"/>	

Statement of Justification

Type(s) of operation(s).	<input checked="" type="checkbox"/>	
Hours of operation.	<input checked="" type="checkbox"/>	
Estimated number of patrons/clients/patients/pupils/etc.	<input checked="" type="checkbox"/>	
Proposed number of employees/attendants/teachers/etc.	<input checked="" type="checkbox"/>	
Qualifications of applicant and operators of the proposed use. Where applicable, submit a copy of professional or occupational certification or license.	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	Not applicable.
Vicinity or general area to be served by the use.	<input checked="" type="checkbox"/>	
Description of building façade and architecture of proposed new building or additions.	<input checked="" type="checkbox"/>	
A statement that the proposed use conforms to the provisions of all applicable conditions, or, if any waiver, exception, variance is sought by the applicant from such ordinance, regulations, standards and conditions, such shall be specifically noted with the justification for any modification.	<input checked="" type="checkbox"/>	

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. I acknowledge that an application may be deemed to be incomplete and may be rejected for processing if items shown as required on this checklist have not been provided.

Applicant/Agent Signature

Date