



Resource Protection Area Buffer Modification Request

Forms should be mailed to:
Chesterfield County Environmental Engineering
Attention: Weedon Cloe
P.O. Box 40
Chesterfield, VA 23832

Date:

I. Contact Information of Property Owner(s)

Name(s): _____
Mailing Address: _____
Mailing City, State, Zip: _____
Telephone Number: () _____ Cell Phone Number: () _____

II. Property Information

Property Address: _____
Property City, State, Zip: _____

III. Buffer Modification Request

Is this project over 2,500 square feet in size? Yes No

Please select one of the following modification categories below. You will need to complete the corresponding form described at the bottom of the selected category in addition to this form.

Please check ONE:

Permitted by Right

This category includes water-dependent activities (docks, marinas, etc.), redevelopment, expansions of principal structures, private roads/driveways or lots that were recorded prior to March 1, 2002.

PLEASE COMPLETE AND ATTACH FORM A.

Buffer Modification

This category includes removal of dead, diseased, and dying trees, removal of noxious weeds, building access paths, and constructing sightlines, vistas, or shoreline erosion control features (riprap revetment, bulkheads, etc.).

PLEASE COMPLETE AND ATTACH FORM B.

Exempted Activities

This category includes public roads/utilities/railroads, passive recreation trails and pathways, water wells, historical preservation and archaeological activities.

PLEASE COMPLETE AND ATTACH FORM C.

FOR OFFICE USE ONLY

GPIN(s): _____
Date Completed: _____
Submitted By: Mail Delivered

File Number: _____



Resource Protection Area Buffer Modification Request FORM A – Permitted By Right

I. Permitted By Right Request

Please check which type(s) of activities best describes your request:

- | | |
|---|--|
| <input type="checkbox"/> Water-Dependent (Docks, Marinas, etc.) | <input type="checkbox"/> Redevelopment |
| <input type="checkbox"/> Private Roadway / Driveway | <input type="checkbox"/> Flood & Stormwater Control |
| <input type="checkbox"/> Expansion of Principal Structure | <input type="checkbox"/> Lot Recorded Prior to March 1, 2002 |

II. Description of Project

Description of Proposed
Activity:

Size of Proposed Buffer
Modification into the RPA (ft²):

III. Contractor Information

If Applicable, please complete the following fields:

Name of Contractor:

Contractor's Address:

City, State, ZIP

Contractor's Phone Number:

Work: () Cell: ()

Contractor's Email:

III. Signature

I/We hereby certify that to the best of my/our knowledge all the statements in this application 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).

(Printed Name of Property Owner(s) or Agent acting for Property Owner)

(Signature of Property Owner(s) or Agent acting for Property Owner)

Date

(Printed Name of Applicant, if different from property owner)

(Signature of Applicant, if different from property owner)

Date



Resource Protection Area Buffer Modification Request FORM B – Buffer Modification

I. Buffer Modification Request

Please check which type(s) of activities best describes your request:

- | | |
|---|---|
| <input type="checkbox"/> Sightlines/Vistas | <input type="checkbox"/> Access Paths |
| <input type="checkbox"/> Removal of dead/dying/diseased tree(s) | <input type="checkbox"/> Shoreline Erosion Control Structures |
| <input type="checkbox"/> Removal of noxious weed(s) | |

II. Description of Project

Description of Proposed

Activity:

Size of Proposed Buffer

Modification into the RPA (ft²):

III. Contractor Information

If Applicable, please complete the following fields:

Name of Contractor:

Contractor's Address:

City, State, ZIP

Contractor's Phone Number:

Work: ()

Cell: ()

Contractor's Email:

III. Signature

I/We hereby certify that to the best of my/our knowledge all the statements in this application 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).

(Printed Name of Property Owner(s) or Agent acting for Property Owner)

(Signature of Property Owner(s) or Agent acting for Property Owner)

Date

(Printed Name of Applicant, if different from property owner)

(Signature of Applicant, if different from property owner)

Date



Resource Protection Area Buffer Modification Request FORM C –Exempt Activities

I. Exempt Activities Request

Please check which type(s) of activities best describes your request:

- | | |
|---|--|
| <input type="checkbox"/> Public Roads/Utilities/Railroads | <input type="checkbox"/> Historic Preservation |
| <input type="checkbox"/> Passive Recreation/Boardwalks | <input type="checkbox"/> Archaeological Activities |
| <input type="checkbox"/> Waterwells | |

II. Description of Project

Description of Proposed
Activity:

Size of Proposed Buffer
Modification into the RPA (ft²):

III. Contractor Information

If Applicable, please complete the following fields:

Name of Contractor:

Contractor's Address:

City, State, ZIP

Contractor's Phone Number:

Work: ()

Cell: ()

Contractor's Email:

III. Signature

I/We hereby certify that to the best of my/our knowledge all the statements in this application 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).**

(Printed Name of Property Owner(s) or Agent acting for Property Owner)

(Signature of Property Owner(s) or Agent acting for Property Owner)

(Printed Name of Applicant, *if different from property owner*)

(Signature of Applicant, *if different from property owner*)