



CITY OF SUFFOLK

City of Suffolk Department of Information Technology Attention: GIS Division
 442 W Washington ST Suffolk, Virginia 23434 Phone 757-514-7241 Fax 757-514-7242

DATA AND MAPPING SERVICES REQUEST FORM

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

BILLING ADDRESS: _____

E-MAIL: _____

DATE: _____ TIME: _____ TAKEN BY: _____

TYPE OF REQUEST: DATA PRINTED MAP SPECIALIZED MAP SERVICES

To ensure accuracy, please carefully read each section of this form and fill out only those sections applicable to your individual request. The fee schedule for data and mapping services is attached at the end of this form and will provide pricing for requested products and services. If you have any questions or require any assistance with this form, please ask a member of the City of Suffolk Information Technology Department.

SECTION-A: DATA REQUEST

This section of the form is for GIS data requests only, and is not intended for printed or specialized map services.

Type file set data requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Topographic Data (file set) | <input type="checkbox"/> Planimetrics (file set) | Public Utility and Stormwater
Data Subject to Department
Approval |
| <input type="checkbox"/> Orthophotography (single image) | <input type="checkbox"/> Zoning (file set) | |
| <input type="checkbox"/> Base Map (file set) | | |

Data layer(s) requested:

Please Note Contour and Spot Elevation Data is no longer Available

- | | | |
|--|---|---|
| <input type="checkbox"/> Street Centerlines | <input type="checkbox"/> Railroads (tracks or beds) | <input type="checkbox"/> Tax Parcels |
| <input type="checkbox"/> Pavement Edges | <input type="checkbox"/> Public Parks | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Parking Lots | <input type="checkbox"/> Hydrography | <input type="checkbox"/> Address Points |
| <input type="checkbox"/> Structures (concrete pads, etc) | <input type="checkbox"/> CBPA | <input type="checkbox"/> Neighborhood Boundaries |
| <input type="checkbox"/> Building Rooflines | <input type="checkbox"/> RPA | <input type="checkbox"/> Comprehensive Plan Dev Areas |
| <input type="checkbox"/> Sidewalks (where available) | <input type="checkbox"/> Votor Boroughs | <input type="checkbox"/> Development Restrictions |
| <input type="checkbox"/> Driveways | <input type="checkbox"/> Votor Precincts | <input type="checkbox"/> Other (please describe) |

SECTION-B: PRINTED MAP REQUEST

This section of the form is for printed map requests only, and is not intended for data or specialized map request services. If the requested map to be printed is not on file, a specialized map request (SECTION-C) will have to be submitted.

City of Suffolk GIS File Name, Location, or ID Number (if available): _____

Give a brief description of the area that you would like to see on the map. You can use Tax Map IDs, Account Numbers, Street Addresses, Street Intersections or commonly recognized landmarks to orient the map location.

What size would you like the map printed?

(Please mark the number of copies you would like of each size next to their corresponding dimensions.)

___ 8½ x 11 ___ 11x 17 ___ 17 x 22 ___ 22 x 34
___ 34 x 44 ___ Other (Specify) _____

___ Total number of maps to be printed (sum of all above)

SECTION-C: SPECIALIZED MAP AND DATA ANALYSIS REQUEST

This section of the form is for specialized map or data analysis requests, and is not intended for regular GIS data or printed map requests (previously created maps). Maps or data that is not currently on file with the Information Technology Department fall under the category of specialized map request services. A specialized map will need to be created according to the requirements stated in this request form, and therefore additional time may be needed to complete the request. Additional costs will be added for specialized map production and is applied at an hourly rate (minimum of 1 hour) as set forth in the attached fee schedule.

Give a brief description of the area that you would like to see on the map. You can use Tax Map IDs, Account Numbers, Street Addresses, Street Intersections or commonly recognized landmarks to orient the map location.

Do you need any specific feature (parcel, street, etc.) highlighted/outlined in a contrasting color for emphasis? If so, please identify the feature.

SECTION-C CONTINUED:

Type of layer(s) requested:

Please Note Contour and Spot Elevation Data is no longer Available

Street Centerlines

Railroads (tracks or beds)

Tax Parcels

Pavement Edges

Public Parks

Zoning

Parking Lots

Hydrography

Address Points

Structures (concrete pads, etc)

CBPA

Neighborhood Boundaries

Building Rooflines

RPA

Comprehensive Plan Dev Areas

Sidewalks (where available)

Votor Boroughs

Development Restrictions

Driveways

Voter Precincts

Other (please describe)

What title should the map be given? _____

Should the map be produced to a specific scale (example 1"=100' 1:1200)? _____

What size paper should the map be when complete?

8½ x 11

11x 17

17 x 22

22 x 34

34 x 44

Other (Specify) _____

What orientation should the map be?

Portrait



Landscape



How many copies of the map should be generated? _____ (First included, \$5.00 for each additional copy)

Should the map be exported to an image format and put onto CD-ROM? _____ (\$1.00 additional for CD-ROM)

Image format for digital copy of map, if required (TIF, PDF, JPEG, BMP) _____

By making this request for data and/or mapping services, I understand and agree to be bound by the City of Suffolk Information Technology Department's fee schedule as adopted by City Council annually. The fee schedule includes an hourly rate for Customized Map Production with a minimum of 1 hour being charged. **I further agree that the City of Suffolk Information Technology Department is allowed a minimum of 15 (fifteen) business days to process Customized Map Requests.** At certain times, this 15 day map turn around may be extended because of current workload and available staff time.

By submitting this Map Request form, I agree to be bound by the pricing and scheduling guidelines outlined on this form.

Signed: _____

Date: _____

CITY OF SUFFOLK FEE
SCHEDULE FISCAL YEAR 2021-2022

Fees

Geographic Information System

Digital Map Data

<u>Topographic Data (file set)</u>	<u>\$500.00/set or \$100.00/per layer</u>
<u>Base Map (file set)</u>	<u>\$500.00/set or \$100.00/per layer</u>
<u>Planimetrics (file set)</u>	<u>\$500.00/set or \$100.00/per layer</u>
<u>Zoning (file set)</u>	<u>\$500.00/set or \$100.00/per layer</u>

Printed Map Products

<u>8.5" x 11" (ANSI A)</u>	<u>\$3.00</u>
<u>11" x 17" (ANSI B)</u>	<u>\$5.00</u>
<u>17" x 22" (ANSI C)</u>	<u>\$10.00</u>
<u>22" x 34" (ANSI D)</u>	<u>\$10.00</u>
<u>24" x 48" or 24" x 60"</u>	<u>\$12.00</u>
<u>34" x 44" (ANSI E)</u>	<u>\$15.00</u>
<u>36" x 60" or 36" x 72"</u>	<u>\$15.00</u>
<u>Entire City Basemap</u>	<u>\$25.00</u>
<u>Entire City Aerial Image</u>	<u>\$50.00</u>

Specialized Map Services

<u>Special Map Production Services (Per Hour)</u>	<u>\$65.00/hr</u>
<u>Specialized Data Analysis Services (Per Hour)</u>	<u>\$65.00/hr</u>

Individual Orthophotography Tiles (.sid)

<u>1-5 tiles</u>	<u>\$100.00/tile</u>
<u>6-10 tiles</u>	<u>\$50.00/tile</u>

For City Use Only:

Application# _____

Date Received: _____

Assigned to: _____

Date/Time Started: _____

Date/Time Completed: _____

Number of Data Files Requested: _____ layers/sets
@ \$100.00/per layer or \$500.00/per set

Cost: \$ _____

Number of Printed Maps Requested: _____

Cost: \$ _____

8.5" x 11" @\$3.00/ea. _____

11" x 17" @\$5.00/ea. _____

17" x 22" @\$10.00/ea. _____

22" x 34" @\$10.00/ea. _____

24" x 48" or 24" x 60" @\$12.00/ea. _____

34" x 44" @\$15.00/ea. _____

36" x 60" or 36" x 72" @\$15.00/ea. _____

City Basemap @\$25.00/ea. _____

City Aerial Image @\$50.00/ea. _____

Hours of Specialized Map Production / Data Analysis Services @\$65.00/hour: _____

Cost: \$ _____

Number of Additional Copies: _____ @ \$5.00/sheet

Cost: \$ _____

Number of Orthophotography Tiles Requested: _____

Cost: \$ _____

@ \$100.00/tile for 1-5, \$50.00/tile for 6 or more

Shipping Cost (if applicable)

Cost: \$ _____

Customer Notified: _____

Total Charge \$ _____