

Site Plan Waiver Application Submittal & Review Procedure

Anticipated review time is a minimum of 1 month



- All materials labeled & submitted to Planning Department share file. Labeled with: Project name, type of document (application, title report, plan, etc.), 1st Submittal
- Proof of signatory authority if signing on behalf of owner and/or entity.
- Taxes paid
- Hard copy “ink signed” application submitted to the Planning Department
- Invoice paid & receipt provided



- Staff review period is a minimum of 30 days but can take up to 45 depending on the volume of applications in review.
- The Planner assigned will reach out to issue comments or to indicate it is ready for approval.



- If plans need to be resubmitted:**
- All materials should be uploaded to the Planning Sharefile and labeled as follows:
 - Case number (SPW2023-000XX), project name, type of document, and submittal number (2nd, 3rd, etc.)
 - Please reach out to the Planning Department at 757-514-4060 to confirm your documents have been received.



- Repeat steps 2 and 3 until ready for approval.



- Once the project is ready for approval the planner will request hard copies.
 - When the hard copies are received, they will be signed by the Director the applicant will be notified when they are ready for pick up.
- Please note: You will need to provide the Planning case number (SPW2023-000XX) when dropping off or picking up plans and/ or documents.*

Applicant Signature: _____ Date: _____

City of Suffolk Department of Planning
APPLICATION FOR SITE PLAN WAIVER



<i>PART 1- OFFICE INFORMATION: To be completed by staff</i>			
Application Number:		Date Paid:	
Taxes Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fee Paid:	
Project Name:	Project Address or Tax Map:		
Date of Decision:		Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

PART 2- GENERAL INFORMATION: To be completed by applicant

Important Notice: Applications must be submitted in hard copy with original signatures along with electronic copy. Incomplete applications will not be accepted. This application should be used to request a site plan waiver in which the area of disturbed land is less than 2,500 square feet within the CBPA or less than 10,000 square foot outside of the CBPA. The estimated review time is 30 days. Should staff determine that a Site Plan is required, staff will notify the applicant.

Taxes For All Properties Are Paid Up To Date of Application: Yes No

Application Fee: \$350.00

Property Address: _____ Tax Map Number: _____
 Account Number: _____ Zoning District: _____
 Total Site Acreage: _____ Area of Disturbance: _____

Proposed Uses/Improvements to the Property (attach more sheets if needed): _____

PART 3- REQUIRED INFORMATION FOR APPLICATION: To be submitted by applicant

Provide an electronic copy of the *site plan/layout* drawn to scale, which includes the following:

1. Setbacks labeled from all property lines.
2. Location and dimensions of the proposed area of disturbance (must be less than 2,500 square feet within the CBPA or less than 10,000 square foot outside of the CBPA) and all site modifications.

Depending on the scope of the project, additional information and/or materials may be necessary.

PART 4- CONTACT INFORMATION: To be completed by applicant, owners, and other contacts

This application must be signed by the property owner(s) or must have attached to it written evidence of the owner's consent, which may be in the form of a binding contract of sale, a letter signed by the owner(s), articles of incorporation, or operating agreement authorizing the applicant to act as his or her agent. Signing this application shall constitute the granting of authority of the City to enter onto the property for the purpose of conducting site analyses.

Applicant Information/Person or Company to be Invoiced:

Name: _____ Company: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone Number: _____

Applicant Signature: _____ Date: _____

Property Owner(s) Information (Complete if different from applicant):

Name: _____ Company: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone Number: _____

Owner Signature 1: _____ Date: _____

Name: _____ Company: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone Number: _____

Owner Signature 2: _____ Date: _____

Other Contacts (Such as engineers, surveyors, architects, agents, attorneys, owners, etc.):

Name: _____ Company: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone Number: _____

Specify type of contact/relationship: _____

Signature: _____ Date: _____

Name: _____ Company: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone Number: _____

Specify type of contact/relationship: _____

Signature: _____ Date: _____