



**Fauquier County**  
**Department of Community Development**  
**16 Courthouse Square**  
**Warrenton, VA 20186**  
**540-422-8200 FAX 540-422-8231**  
[www.fauquiercounty.gov](http://www.fauquiercounty.gov)



**SPECIAL EXCEPTION CHECKLIST**

PROJECT NAME: \_\_\_\_\_

PIN(S): \_\_\_\_\_

REQUIREMENT	YES	NO – State Reason
<b>Documentation</b>		
Completed Land Development Application form, signed by the owner and applicant or agent.		
Conflict of Interest Statement		
Special Exception Plat (See Below) – 24” x 36” – 10 copies folded		
Special Exception Plat (See Below) – 11” x 17” – 10 copies folded		
Statement of Justification (See Below) – 10 copies		
Photographs of the property showing existing structures, terrain and vegetation (OPTIONAL).		
Fee Calculation Sheet and Associated Fee		
Traffic Impact Analysis (TIA) or Traffic Assessment as per Section 301B of the Design Standards Manual		
Completed, signed Special Exception Checklist		
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.		
Flash Drive containing PDFs of all submission materials.		
<b>Special Exception Plat Requirements</b>		
Drawn at an approved scale		
Boundaries of entire property, with bearings and distances.		
Total area of the property in square feet or acres.		
Scale and north arrow.		
Public right(s)-of-way, including names, route numbers and width.		
Proposed means of ingress and egress to the property from a public street(s).		
Parking spaces, existing and/or proposed, indicating minimum distance from the nearest property line.		

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.		
A map (3" x 3") giving the general vicinity of the subject property.		
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.		
Seal and signature of person certifying the plat.		
Any other information needed to demonstration that the proposed use is consistent with the purpose and intent of the applicable zoning district and satisfies the standards in the Zoning Ordinance.		
<b>Statement of Justification</b>		
Type(s) of operation(s).		
Hours of operation.		
Estimated number of patrons/clients/patients/pupils/etc.		
Proposed number of employees/attendants/teachers/etc.		
Qualifications of applicant and operators of the proposed use. Where applicable, submit a copy of professional or occupational certification or license.		
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.		
Vicinity or general area to be served by the use.		
Description of building façade and architecture of proposed new building or additions.		
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.		

**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