



**FAUQUIER COUNTY  
DEPARTMENT OF COMMUNITY DEVELOPMENT**

16 COURTHOUSE SQUARE, SUITE 100, WARRENTON, VIRGINIA 20186  
(540) 422-8200 / FAX (540) 422-8231

<b>BOUNDARY LINE ADJUSTMENT CHECKLIST</b>			
<i>Please type or print legibly.</i>			
REQUIREMENT	YES	NO	N/A - State reason, use separate sheet if necessary
<b>DOCUMENTATION – FIRST SUBMISSION</b>			
1. Completed Land Development Application with all property owner(s) original signatures.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Two (2) copies of proposed Boundary Line Adjustment Plat <b>UNSIGNED &amp; FOLDED</b>	<input type="checkbox"/>	<input type="checkbox"/>	
3. One (1) <b>UNSIGNED</b> copy of the Deed of Boundary Line Adjustment, if all parcels are not owned by the same party	<input type="checkbox"/>	<input type="checkbox"/>	
4. If property(s) is zoned RA or RC, a current Subdivision Potential Letter from the Zoning Office.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Flash drive containing individual PDFs of all submission materials.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Completed and signed Boundary Line Adjustment Checklist.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>DOCUMENTATION – APPROVAL/SIGNATURE SETS</b>			
1. Five (5) copies of the Boundary Line Adjustment Plat, folded, with <b>owners' original signatures</b>	<input type="checkbox"/>	<input type="checkbox"/>	
2. One (1) copy of the signed Deed of Boundary Line Adjustment, if all parcels are not owned by the same party.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Health Department signature and date within the below approval block if parcels are served by private wells and/or septic. The design professional shall certify compliance with Health Department regulations. <b>Approval Block on Page 3</b>	<input type="checkbox"/>	<input type="checkbox"/>	
4. A Boundary Line Adjustment Table must be provided showing the acreage(s) being added and/or subtracted from each parcel being adjusted. In the RA and RC Districts a Density Tabulation must be included in the table identifying the density being transferred by the adjustment.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Boundary Line Adjustments cannot create an additional building lot and resulting parcels shall conform to the lot size and frontage requirements of the underlying Zoning District.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Flash drive containing individual PDFs of all resubmission materials.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>BOUNDARY ADJUSTMENT PLAT REQUIREMENTS</b> <span style="float: right;">Section 10-5 of Subdivision Ordinance</span>			
1. Plat with original seal and signature of land surveyor or engineer on each sheet of plat (S.O. 10-5.A.16)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Drawn to a scale not greater than 1" = 100' and the sheet size shall not exceed 18" x 24" (S.O. 10.5)	<input type="checkbox"/>	<input type="checkbox"/>	
3. If shown on more than one sheet, the sheet number, total number of sheets and the easement shall be shown on each sheet (S.O. 10-5).	<input type="checkbox"/>	<input type="checkbox"/>	

<b>BOUNDARY ADJUSTMENT PLAT REQUIREMENTS</b>		<b>Section 10-5 of Subdivision Ordinance</b>	
4. Title under which the plat is proposed to be recorded (S.O. 10-5.A.1a)	<input type="checkbox"/>	<input type="checkbox"/>	
5. A certificate signed by the Land Surveyor (S.O. 10-5.A.1b).	<input type="checkbox"/>	<input type="checkbox"/>	
6. Name of individual or firm who prepared the plat (S.O. 10-5.A.1c)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Date of plat (S.O. 10-5.A.1.d)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Name and address of property owner(s) on the plat (S.O. 10-6.A.5).	<input type="checkbox"/>	<input type="checkbox"/>	
9. A signed and notarized statement that "the boundary line adjustment is with free consent and in accordance with the desires of the undersigned owners, proprietors and trustees" (S.O. 10-5.A.1g).	<input type="checkbox"/>	<input type="checkbox"/>	
10. Signature panel for governing body 4 inches by 4 inches (S.O. 10-5.A.1h).	<input type="checkbox"/>	<input type="checkbox"/>	
11. Signature panel for Health Department approval.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Vicinity map, with north arrow and scale, showing all adjoining roads, town/county boundaries and other landmarks within one mile radius (S.O. 10-5.A.1i)	<input type="checkbox"/>	<input type="checkbox"/>	
13. Current zoning of parcels and Parcel Identification Numbers (P.I.N.s) (S.O. 10-6.A.8)	<input type="checkbox"/>	<input type="checkbox"/>	
14. The north point arrow (S.O. 10-5.A.2)	<input type="checkbox"/>	<input type="checkbox"/>	
15. All dimensions, both linear and angular for locating lots, streets, alleys, and public easements (S.O. 10-5.A.4)	<input type="checkbox"/>	<input type="checkbox"/>	
16. Lot numbers in numerical order and block identification (S.O. 10-5.A.5).	<input type="checkbox"/>	<input type="checkbox"/>	
17. Location and material of all permanent referenced monuments (S.O. 7-14 and 10-5.A.6).	<input type="checkbox"/>	<input type="checkbox"/>	
18. A definite bearing and distance tie shown between not less than two permanent monuments on the exterior boundary (S.O. 10-5.A.7).	<input type="checkbox"/>	<input type="checkbox"/>	
19. Temporary cul-de-sacs where needed (S.O. 10-5.A.8).	<input type="checkbox"/>	<input type="checkbox"/>	
20. Names of all proposed streets if serving six (6) or more lots. Name must be approved by county (S.O. 10-5.A.10)	<input type="checkbox"/>	<input type="checkbox"/>	
21. Total acreage of lots, common spaces, streets and total site acreage (S.O. 10-5.A.11).	<input type="checkbox"/>	<input type="checkbox"/>	
22. Horizontal grid ticks every five inches based upon the Virginia State Plane Coordinate System 1983 adjustment if the site is within two kilometers from a geodetic control monument that is accessible to the public. If the site is more than two kilometers from such a monument, the coordinate values may be assumed, but the meridian must be related to true north (S.O. 10-5.A.9).	<input type="checkbox"/>	<input type="checkbox"/>	
23. Notation " _____ " acres is hereby dedicated for public use." (S.O. 10-5.A.12)	<input type="checkbox"/>	<input type="checkbox"/>	
24. Private street notations and defined in 7-307 of the Zoning Ordinance and 7-12 of Subdivision Ordinance, if applicable (S.O. 10-5.A.13).	<input type="checkbox"/>	<input type="checkbox"/>	

<b>BOUNDARY ADJUSTMENT PLAT REQUIREMENTS</b>		<b>Section 10-5 of Subdivision Ordinance</b>	
25. All existing and proposed easements and their widths, including drainage easements and/or temporary easements. For existing easements, label the deed book and page where recorded. Label new easements as hereby granted (S.O. 10-5.A.14).	<input type="checkbox"/>	<input type="checkbox"/>	
26. Existing and proposed rights-of-way and widths. For existing rights-of-way, label the deed book and page where recorded (S.O. 10-5.A.15).	<input type="checkbox"/>	<input type="checkbox"/>	
27. Floodplain note to read: "The subject property is located on FEMA Flood Insurance Rate Map, number 51061C, Panel _____, dated _____. The property is located in Zone _____" (S.O. 10-5.A.17).	<input type="checkbox"/>	<input type="checkbox"/>	
28. Show all buildings and setbacks within 100 feet of any property line.	<input type="checkbox"/>	<input type="checkbox"/>	

**CERTIFICATION OF APPLICATION SUBMISSION**

I hereby certify that the above stated information is included in the attached Boundary Line Adjustment 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.

\_\_\_\_\_

**Engineer or Surveyor's Signature**

\_\_\_\_\_

**Firm Name**

\_\_\_\_\_

**Date**

Approval Block referenced on page 1: Documentation Approval/ Signature Sets

<p><b>The design professional is responsible for verifying the precise locations of all wells and sewage systems to ensure compliance with all applicable Virginia Department of Health regulations and site requirements. The boundary line adjustment shown hereon does not adversely impact existing or reserve drainfields or wells. This boundary line adjustment is hereby certified as being in compliance with the Virginia Department of Health regulations by:</b></p>	<p><u>Professional Seal, Signature, and Date:</u></p>
<p><b>The boundary line adjustment approval is issued in reliance upon the above certification.</b></p> <p><b>Virginia Department of Health: _____ Date: _____</b></p>	