

FY27 Closed Circuit Storm Sewer Inspection Request Application
(Effective July 1, 2026- June 30, 2027)
RESIDENTIAL/VDOT ROW

LND Number: _____ Approved Site Plan Number: _____

Approved Site Plan Name: _____ Section: _____ Phase: _____

Site Address: _____

Contact Name: _____ Phone Number: _____

Email: _____ Fax #: _____

THE FOLLOWING MUST BE PROVIDED FOR ELECTRONIC REVIEW BEFORE A SITE INSPECTION IS SCHEDULED

Most current approved plan from a civil engineer in digital format, to scale (24" x 36"), to include:

- *Stamped approved cover sheet with Revisions
- *Current Unit Price List
- *Stormwater Management Plan and Profile
- *Storm Profile sheet

By signing below, I _____, certify that all information is accurate. I have read and understand the CCTV process. I also certify that my site is ready for inspection and all storm drainage pipe systems are cleaned, flushed, and pipe inverts are installed, structures for inspection are marked accordingly. The CCTV Inspection is to be scheduled within three weeks of application, and I also certify that any steps, tops, or grates are installed and ready for County staff CCTV inspection as of this date: _____.

(Printed Name)

(Signature)

Staff Use Only

ILP # _____ Date Scheduled: _____
 Calculated By: _____ RCPT: _____
 Received/Emailed Date: _____ Site Inspection Area _____

Payment amount listed in TOTAL AMOUNT DUE box below:

	TOTAL LF/PLAN	LF WITH FEE	AMOUNT DUE
100% Bonded Storm Sewer Pipe/VDOT ROW(per linear foot)			
Minimum Fee <250LF			
ROW - Underdrain UD4 - 10% per VDOT standard			
TOTAL LINEAR FOOTAGE TO BE INSPECTED			
TOTAL AMOUNT DUE			