

FY26 Closed Circuit Storm Sewer Inspection Request Application
(Effective July 1, 2025- June 30, 2026)
RESIDENTIAL

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 TO SCHEDULE A SITE INSPECTION

- | | |
|---|---|
| Most current cover sheet | One (1) set of full size (24"x36") Storm Plan/Grading Plan Sheets |
| All applicable revisions involving storm drainage systems | One (1) copy of most current Unit Price List |
| One (1) copy of Storm Profile Sheet | One (1) copy of the Storm Water Management Plan and Profile |

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:

100% Bonded Storm Sewer Pipe (per linear foot)		\$ 3.04
Minimum Fee <250LF		\$ 365.50
ROW - Underdrain UD4 - 10% per VDOT standard		\$ 3.04
TOTAL LINEAR FOOTAGE TO BE INSPECTED		
TOTAL AMOUNT DUE		