**Chesapeake Bay Preservation Act**

**Adaptation Measure Checklist**

The following addresses the information necessary for installation of an adaptation measure within a Resource Protection Area. A permissible adaptation measure must be from one of the approved sources below and must be a nature-based solution adaptation measure.

This checklist should be submitted along with a plan of development or site plan, a water quality impact assessment, and adaptation measure design plan.

1. **Applicant Information**
2. Date: \_\_\_\_\_\_\_\_\_\_\_
3. Project Name on Plan of Development/Site Plan Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Associated Plan and/or Building Permit Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Tax Map / Parcel Number: Date lot/parcel recorded:
6. Date(s) of construction for any existing structure(s) on site:
7. Applicant Name:
8. Mailing Address:
9. Phone Number:
10. Email Address:
11. **Proposed Adaptation Measure**
12. Please describe the type of Adaptation Measure (e.g., grass channel, living shoreline, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Please indicate the source of the proposed Adaptation Measure:

* Chesapeake Bay Program Partnership Best Management Practice
* Virginia Stormwater Best Management Practice Clearinghouse
* Shoreline Protection Project under Tidal Wetlands Guidelines
* Approved or Eligible Virginia Community Flood Preparedness Fund Project
* Other: \_\_\_\_\_\_\_

1. Please describe the materials that will be used in the adaptation measure (e.g., trees, native plants and grasses, coir logs, soil, stone,):
2. Does the adaptation measure incorporate artificial, non-organic, or inert material, create an impervious area, or use a hardened approach?­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please indicate and provide a copy of the specifications that will be used to design and install the adaptation measure (e.g., Virginia Stormwater Best Management Practice #3):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you plan to remove any existing trees or shrubs to install the adaptation measure:

Yes  No

* 1. If yes, please describe why any vegetation removal is necessary: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_
  2. Are any of the existing trees proposed for removal mature trees?

1. Are any additional approval or permits required to install the adaptation measure:

Yes  No

If yes, indicate the necessary permit(s): \_\_\_\_ \_\_\_\_\_\_\_\_\_\_

1. **Fill Requirements [Required if fill is to be used in the Adaptation Measure]**
2. Please indicate the amount of fill to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please indicate the source of fill material and its type: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please describe why fill is necessary to be used in the adaptation measure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Please indicate how fill is being used in the design to minimize run-off, including how any impacts are mitigated [include any stormwater calculations used]:
6. Please indicate how much the grade will be increased, if at all, by the use of fill: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_
7. Are any septic systems or drainfields in the area where the fill is to be installed:  Yes  No

If yes, please describe how the use of fill will or will not impact these systems: \_ \_

**For Local Staff Use Only**

The proposed adaptation measure is consistent with the [locality’s requirements].

The proposed adaptation measure is NOT consistent with the [locality’s requirements].

Basis for Decision:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reviewer Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_