10/2009

Street Acceptance - Fairfax County

Asbuilt Utility Verification Checklist

Complete the Top Section and list the Names of the Streets within the Dedicated Right-of-Way.
Shaded boxes are to be completed by VDOT.

Date _____

Subdivision Name _____

Developer _____ **Fairfax County Plan#** _____

Developer Contact Name _____ **Email** _____

Developer Address _____

Developer City/State/Zip _____ **Phone** _____

Fairfax County Inspector _____

ROUTE #	STREET NAMES									

VDOT Signature: **Date:**

Print