

## COUNTY OF FAIRFAX SURETY VALUE ESTIMATE



A. ESTIMATE TO: (Check One)	Establish New Surety: [x] New Unit Prices: []						
	Other: [ ] Reduce Surety on File: [ ]						
Lines 1-9 TO BE COMPLETED BY EN	IGINEER OR LAND SURVEYOR						
1. Plan Name:	Addition to the Katrina Hine Echols Division (309 Glyndon St SE)						
2. Plan Number							
3. Map Reference:	038-4-((25))-003						
4. Location:	309 Glyndon St SE						
5. Zoning Category:		RS-10					
6. Disturbed Acreage:	0.996	Acres:	2	Lots/DU's:			
7. Type of Project:	SFD New Construction		Months/Time Limit:				
8. Engineer or Surveyor (Firm):	Bowman Consulting Group						
Address:	13461 Sunrise Valley Drive, Suite	500 Herndon V	A 20171				
Telephone:	703-464-1000	Email:	bglatfelte	r@bowmanc	onsulting.com		
9. Prepared by:	Matt Tauscher						
Date:		June 11, 20	019				
B. BOND AND PERMIT PACKAGE CO	ONTACT/DEVELOPER CONTACT	INFORMATIO	N				
10. Contact Name:							
11. Address:	ac						
12. Telephone:							
13. Email:							
C. DEVELOPER APPLICATION FOR	REDUCTION OF SURETY AMOUN	Т					
Lines 14 - 19 must be completed by the De	eveloper						
Prior to filing this application with the PLEASE COMPLETE the informat		s Division for c	onfirmation t	by the site ins	spector,		
15. Failure to furnish all requested infor	mation will result in delays in submi	ssion of this ap	plication and	I further dela	vs		
in the processing of the reduction o					, -		
	ofessional engineer/surveyor is atta	ched.					
17. [ ] A fee in the correct amount is	enclosed.						
18. The agreement for this project expire	res on:////	(D	ate)				
19. The undersigned developer/subdivide all work for which this request for pathe approved plans and the condition	rtial security reduction is submitted	has been comp	oleted in full,				
Developer:	Signature			Date:			
Address:				Telephone:			
D. SITE DEVELOPMENT AND INSPE	CTIONS DIVISION - Reserved for	County Use					
An inspection was performed on the site percent (%) as corrected or attached:	on / (Date) a	nd I concur wit	h[]perce	nt (%) prese	nted or [ ]		
Inspector's Signature:				-			
Area Supervisor's Signature:							

Plan Number: E. PUBLIC IMPROVEMEN		IC MA	Plan Name:		*****		EOD DEDI	ICTION EST	IMATE ON!	
E. FUBLIC IMPROVEMEN	113 - FUBI	LIC IVIA	INTENANCE				<u> </u>	County Us	TIMATE ONLY	
	<u></u>		<u> </u>		<del></del>	%	% %	\$ Amount	Unfinished	
1. STORM DRAINAGE	Qty.	Unit	Unit Cost		Total	Comp	Confirmed	To Date	Work	
24 inch RCP	271.00	LF	\$ 102.00	\$	27,642.00		<u> </u>			
VDOT MH-1 Manhole	3.00	EA	\$ 5,531.00	\$	16,593.00					
MH Depth Greater than 6FT	13.00	VF	\$ 196.00	\$	2,548.00		,			
	_			\$	_					
				\$	-					
				\$						
				\$	-					
				\$	-	<u> </u>				
				\$					-	
	-			\$	-					
		1	-	\$		_				
		+		\$ \$						
				\$	<del>-</del>					
			· · · -	\$						
				\$						
				\$				_		
				\$		_				
				\$	-		<u> </u>	<b></b>		
				\$						
				\$	-					
		_		\$	46,783.00	Subtotal				
Storm Video Completed	YES	NO								
	_						γ =	0	. 0 1	
STORMWATER MANAGEMENT	<u> </u>		1			%	For %	County Us	e Only Unfinished	
FACILITIES	Qty.	Unit	Unit Cost		Total	Comp	% Confirmed	To Date	Work	
DRY PONDS AND			1				<u>'                                     </u>			
UNDERGROUND DETENTION										
VAULTS ONLY! (All other facilities shall be included on page										
5)				\$	_					
				\$						
<del></del>				\$						
				\$						
				\$	-					
****				\$						
				\$	-					
				\$						
				\$	_					
				\$	-					
				\$						
		<u> </u>		\$	-					
		ļ		\$	-					
				\$				<u></u>	ļ	
		1		\$			<u> </u>			
			<del> </del>	\$	-		<del> </del>			
		-	+	\$	-		-			
<del></del>	l	1		\$ <b>\$</b>		Subtotal				
			<u> </u>	<u> </u>	····		<u> </u>	l		
2. UTILITIES	Qty.	Unit	Unit Cost		Total	% Comp	% Confirmed	\$ Amount To Date	Unfinished Work	
		<del>†</del>		\$	-	, comp	, committee	10 Date	, VVOIK	
<del></del>				\$			· · · · · ·		<u> </u>	
				\$						
				\$	-					
				\$	-					
				\$	-					
				\$	-					
				\$	-		1	l		
							<del>1</del>	<del></del>		
				\$						
				\$	-					
				\$ \$	-					
				\$ \$ \$	-					
				\$ \$ \$	- - -					
				\$ \$ \$	-	Subtotal				

Plan Numbe	er:		Plan Name:							
3. STREET CONSTRUCTIO	N					FOR RED	UCTION ES	TIMATE ONLY		
						e Only				
DEDICATED RIGHT-OF-WAY	Qty.	Unit	Unit Cost	Total	% Comp	% Confirmed	\$ Amount To Date	Unfinished Work		
	Qty.	0/1112		\$ -		00111111100		110/10		
* 0. *			<u> </u>	\$ -						
				\$ -						
		<u> </u>		\$ -						
		ļ		\$ -			_			
<u>.</u> .		<u> </u>		\$ -						
		1		\$ -						
				\$ -						
				\$ -						
		ļ		\$ -						
		<u> </u>		\$ -						
<del></del>		-		\$ -		_				
<del></del> -				\$ -	,					
		<u> </u>		\$ -		<u> </u>				
				\$ -						
				\$ -						
		ļ		\$ -						
***	<del></del>	<u> </u>		œ.		<u> </u>				
		<del> </del>		\$ -						
		1		\$ -						
				\$ -						
				\$ -						
				\$ -		-				
	_	<u> </u>		\$ -	-					
		<u> </u> 		\$ -						
		<del>                                     </del>		\$ -		<u> </u>				
				\$ -			-			
		_		\$ -						
				\$ -						
	<del> </del>				•					
				\$	-					
				\$ - \$ - \$ - \$ - \$ - \$ -				-		
			-	\$ -						
		:		\$ -	Subtotal					
4. PRIVATE STREETS/VEHI	CULAR INC	DESS	ECDESS DDIV	ATE MAINTENIAN	<u> </u>					
	COLAR MO	NESS -		ATE MAINTENANC		Fo	r County Us	ty Use Only		
ITEM	Qty.	Unit	Unit Cost	Total	% Comp	% Confirmed	\$ Amount To Date	Unfinished Work		
				\$ -						
				\$ -						
<del></del>				\$ -						
				\$ - \$ -				<u> </u>		
				\$ -	<u> </u>	-				
				\$ -		-				
				\$ -						
				\$ -						
				\$ -	<u> </u>			<u> </u>		
		-		\$ - \$ -		<u> </u>				
		-		\$ -		-				
				\$ -				-		
··· ,				\$ -						
				\$ -						
				\$ -				-		
		-		\$ -	Don't 1 1					
		1	<u> </u>	\$ -	Subtotai	<u> </u>				

	Plan Number: Plan Name:						FOR REDUCTION ESTIMATE ONLY			
E CRITICAL SUCRE	L SLOPE STABILIZATION MEASURES						For County Use Only For County Use Only			
5. CRITICAL SLOPE S	) ABILIZATION N	TEASUR	1	1	· ·	ì	1	r County Us	e Only	
ITEM	Qty.	Unit	Unit Cost		Total	% Camp	% Confirmed	\$ Amount To Date	Unfinished Work	
				\$						
		+		<b>\$</b>						
		<del> </del>		\$						
				\$	-					
		+		\$	<del>-</del>					
<del>-</del> -				\$		Subtotal			<u> </u>	
				·		•				
6. PROFFER- DEVELO	DMENT DI AN E	ACILITII			<del>_</del>		En	r County Us	o Only	
o. TROTTER-BETEE	J. MEITT EATT	TOILITIE	Unit	<del> </del>		%	%	\$ Amount	Unfinished	
ITEM	Qty.	Unit	Cost		Total	Comp	Confirmed	To Date	Work	
				\$						
		+		\$ \$	<del>-</del>					
<del> </del>		<del></del>		\$					-	
				\$						
				\$						
		+		\$	<u> </u>				1	
				\$					<del> </del>	
		$\perp$		\$	-					
		1	<u> </u>	\$	-				-	
<u>.</u>	-	<del>                                     </del>		\$	-			_	-	
		<u> </u>		\$	<del>-</del>				-	
<del>-</del>				\$	-	Subtotal				
7. ENGINEERING, SUF	RVEY AND SITE V	VORK					Fo	r County Use	e Only	
			Unit			%	%	\$ Amount	Unfinished	
ÎTEM	Qty.	Unit	Cost		Total	Comp	Confirmed	To Date	Work	
		1		\$	-					
		-	<u> </u>	\$ \$					-	
		<del> </del>		\$						
				\$	<u>-</u>				_	
		<u> </u>		\$						
·	-	<del> </del>		\$ \$	<del>-</del>					
	-	1		\$					<del> </del>	
				\$						
		ऻ——		\$	-					
<del></del> .		1		\$	<u> </u>	-			-	
				\$						
				\$	_					
		1		\$ \$						
		1		\$	<u>-</u>	Subtotal	_			
				<u> </u>			· '			
8 SUPTOTAL 4041	ons 1 to 7 above)	\$			46,783,00			-		
o. JOB I OTAL ( Section	9. GENERAL CONDITIONS (Includes mobilization, field office, job						For County Use Only			
9. GENERAL CONDITION	S (Includes mobiliz	atioπ, fie	ld office, job		TOTAL		Fo	r County Use	e Only	
9. GENERAL CONDITION sign, & general supervision	ons.)	1	!				Fo	r County Use	e Only	
9. GENERAL CONDITION: sign, & general supervision	ons.) O and if Item 8 is o	ver \$270	0,000.00 :	\$	13,905.00		Fo	r County Us	e Only	
9. GENERAL CONDITION sign, & general supervision	ons.) O and if Item 8 is o	ver \$270	0,000.00 :	\$			Fo	r County Use	e Only	
9. GENERAL CONDITION: sign, & general supervision  9a. Minimum \$13,500.00  Add 5% of overage A	ons.) D and if Item 8 is o Amount (Subtotal-	ver \$270 8 minus 2	  ,000.00 :  270,000.00	\$	13,905.00		Fo	r County Use	e Only	
9. GENERAL CONDITION: sign, & general supervision  9a. Minimum \$13,500.00  Add 5% of overage A	ons.) D and if Item 8 is o Amount (Subtotal-	ver \$270 8 minus 2	  ,000.00 :  270,000.00	\$	13,905.00		Fo	r County Use	e Only	
9a. Minimum \$13,500.00 Add 5% of overage A	ons.) D and if Item 8 is o Amount (Subtotal-	ver \$270 8 minus 2	  ,000.00 :  270,000.00	\$ \$ \$	13,905.00		Fo	r County Use	e Only	
9. GENERAL CONDITION: sign, & general supervision  9a. Minimum \$13,500.00  Add 5% of overage A	ons.) D and if Item 8 is o Amount (Subtotal-	ver \$270 8 minus 2	  ,000.00 :  270,000.00	\$	13,905.00	Subtotal	Fo	r County Use	e Only	
9. GENERAL CONDITION: sign, & general supervision 9a. Minimum \$13,500.00 Add 5% of overage A 9b. Enter below addition conditions	ons.)  D and if Item 8 is o Amount (Subtotal-alitems or detailed	ver \$270 8 minus d adjustr	  ,000.00 :  270,000.00	\$ \$ \$ \$ \$	13,905.00	Subtotal	Fo	r County Use	e Only	
9. GENERAL CONDITION: sign, & general supervision 9a. Minimum \$13,500,00 Add 5% of overage A 9b. Enter below addition conditions	ons.)  D and if Item 8 is o Amount (Subtotal-la items or detailed items of the item	ver \$270 8 minus d adjustr	  ,000.00 :  270,000.00	\$ \$ \$ \$	13,905.00	Subtotal				
9. GENERAL CONDITION: sign, & general supervision 9a. Minimum \$13,500,00 Add 5% of overage A 9b. Enter below addition conditions  10. TOTAL BONDED IT	ons.)  D and if Item 8 is o Amount (Subtotal-la items or detailed items of the subtotal	ver \$270 8 minus d adjustr	  ,000.00 :  270,000.00	\$ \$ \$ \$ \$	13,905,00 - - - - 13,905,00 60,688,00	Subtotal		r County Use		
9. GENERAL CONDITION: sign, & general supervision 9a. Minimum \$13,500,00 Add 5% of overage A 9b. Enter below addition conditions  10. TOTAL BONDED IT	ons.)  D and if Item 8 is o Amount (Subtotal-la items or detailed items of the subtotal	ver \$270 8 minus d adjustr	  ,000.00 :  270,000.00	\$ \$ \$ \$ \$	13,905.00	Subtotal				
9. GENERAL CONDITION: sign, & general supervision 9a. Minimum \$13,500.00 Add 5% of overage A 9b. Enter below addition conditions  10. TOTAL BONDED IT 11. CALCULATION OF SL 11a. From Line 10 above	O and if Item 8 is o Amount (Subtotal- al items or detailer EMS (Section 8 &	ver \$270 8 minus : d adjustr	),000.00 : 270,000.00)	\$ \$ \$ \$ \$	13,905.00 - - - - 13,905.00 60,688.00 60,688.00	Subtotal				
9. GENERAL CONDITION: sign, & general supervision 9a. Minimum \$13,500.00 Add 5% of overage A 9b. Enter below addition conditions  10. TOTAL BONDED IT 11. CALCULATION OF SL 11a. From Line 10 above Add 10% for Administration for	D and if Item 8 is o Amount (Subtotal-lal items or detailed all items (Section 8 & DRETY AMOUNT Subtotal ar first \$1,000,000,000	ver \$270 8 minus d d adjustr	),000.00 : 270,000.00)	\$ \$ \$ \$ \$	13,905,00 - - - - 13,905,00 60,688,00	Subtotal				
9. GENERAL CONDITION: sign, & general supervision 9a. Minimum \$13,500.00 Add 5% of overage A 9b. Enter below addition conditions  10. TOTAL BONDED IT  11. CALCULATION OF SL 11a. From Line 10 above Add 10% for Administration for Plus 10% for Supervision and	D and if Item 8 is o Amount (Subtotal-lal items or detailed all items or detailed all items (Section 8 & Subtotal all items of the Subtotal artificts \$1,000,000,000	ver \$270 8 minus : d adjustr	),000.00 : 270,000.00)	\$ \$ \$ \$ \$	13,905.00 - - - - 13,905.00 60,688.00 60,688.00	Subtotal				
9. GENERAL CONDITION: sign, & general supervision	D and if Item 8 is o Amount (Subtotal-lal items or detailed all items or detailed all items (Section 8 & Subtotal all items of the Subtotal artificts \$1,000,000,000	ver \$270 8 minus : d adjustr	),000.00 : 270,000.00)	\$ \$ \$ \$ \$	13,905,00 - - - - 13,905,00 60,688,00 60,688,00 6,068,80	Subtotal				

Plan Number:			Plan Name:								
Note: Section 9 below is to be used by the This amount is separate from the bond a	ne submitting er imount determir	ngineer or ned in Se	surveyor to calculate	the amoun e included in	it of the conser n total surety a	rvation dep amount.	posit only.				
12. CONSERVATION DEPOSIT	Г						For County Use Only				
ITEM	Qty.	Unit	Unit Cost	7	Total		% Confirmed	\$ Amount To Date	Unfinished Work		
	a.y.	OI		\$	-			1.7.2			
				\$	-						
				\$	-						
				\$	-						
				\$	-						
				\$	-						
				\$							
				\$	-						
				\$	-						
				\$							
				\$							
							Foi	r County Us	e Only		
			SUBTOTAL	\$	-						
	Plus 15% Supe Inflation	ervision, A	Administration and	· ·							
	Imation			\$							
	Minus 10% (E	or Two_Di	SUBTOTAL nase E&S Control	\$							
	Plan	)l IWO-Fi	lase Eas Control								
			TOTAL	\$	_						
	200 Land State Control			.] Ψ							
13. SIGNATURE AND SEAL O	F SUBMITT	ING EN	GINEER OR SU	RVFYOR							
PORTO	Y GLATFELTE No. 50992 NAL ENGIN	CINIA &									
14. SPACE BELOW TO BE CO	MPLETED I	FOR RE	DUCTIONS ON	LY							
AFFIDAVIT:											
I,	ereby certify hat the perce	that I hented	nave personally e of the items of w	xamined	the work in	place a	nd have pe	ersonally s	upervised		
Signature of Engineer/S	Surveyor				D	ate					
STATE OF:											
COUNTY/CITY OF											
The foregoing instrument was a	cknowledged	d before	e me this	day of	<i>-</i>			,			
by								_			
Type (Print) Name and Title of	f Engineer/Surv	eyor									
My commission expires:			NOTA	ARY PUB	LIC						