

Street Acceptance - Fairfax County In-Place Utilities Verification List

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: _____

District: _____

Subdivision Name: _____ Fairfax County Plan#: _____

Developer Name: _____

Developer Contact: _____ Email: _____

Developer Address: _____

Developer City/State/Zip: _____ Phone: _____

Fairfax County Inspector: _____ Email: _____

ROUTE #	STREET NAMES									

VDOT Signature: _____	Date: _____
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