



Department of Public Works

REQUEST FORM of Paper Format

APPLICANT INFORMATION

Date Requested: _____
 Name: _____ Tel: _____
 Address: _____

GIS Custom Maps

| Selectable GIS layers | Fees | Map Size | # of Copies | Total Fees |
|---|----------------------------|------------|-------------|------------|
| <input type="checkbox"/> Street Centerlines | \$2 each (base map) | 8.5" x 11" | | |
| <input type="checkbox"/> Pavement Road Edge Line | | | | |
| <input type="checkbox"/> Transportation Surface | \$5 each (w/Aerial Ortho) | 11" x 17" | | |
| <input type="checkbox"/> Building Foot Prints | \$5 each (base map) | | | |
| <input type="checkbox"/> Contour (2 ft interval) | \$7 each (w/Aerial Ortho) | 17" x 22" | | |
| <input type="checkbox"/> Parcel Boundary | \$7 each (base map) | | | |
| <input type="checkbox"/> Water Stream/Body | \$10 each (w/Aerial Ortho) | 22" x 34" | | |
| <input type="checkbox"/> Zoning | \$10 each (base map) | | | |
| <input type="checkbox"/> Richmond Aerial Photo (1999, 2002, 2007 or 2009) | \$15 each (w/Aerial Ortho) | 34" x 44" | | |
| <input type="checkbox"/> Other _____ | \$15 each (base map) | | | |
| | \$20 each (w/Aerial Ortho) | | | |

Surveys Maps / Drawings

| Surveys Maps/Drawings | Fees | Dwg Size | # of copies | Total Fees |
|---|---------|------------------|-------------|------------|
| Aerial Topo (200 Scale) sheet – 4' interval, 1981 | \$2.00 | Pre-Scaled Sizes | | |
| Base map Topo (200 Scale) sheet – 4' interval, 1957 | \$2.00 | | | |
| Base map Topo (400 Scale) sheet – 4' interval | \$2.00 | | | |
| Baseline (100 Scale) sheet | \$2.00 | | | |
| Baseline-Paving (100 Scale) sheet | \$2.00 | | | |
| Base Map (400 Scale) sheet | \$2.00 | | | |
| DPW Site/Plan sheet | \$2.00 | | | |
| Geodetic Ground Control Each sheet | \$1.00 | | | |
| Geodetic Ground Control Map Book | \$30.00 | | | |
| Subdivision Plat sheet | \$2.00 | | | |
| Total | | | | |

(Each additional CD or DVD will be \$2.00 added. Cash or a check will be acceptable. Please make the check payable to "City of Richmond" 900 E. Broad St. Suite # 600, Richmond, VA, 23219)

For Staff Use Only

Date Received: _____
 Received By: _____
 Date Completed: _____
 Completed By: _____

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Acknowledged (Signature Required): _____