Hanover County Department of Public Works
Project Information and Tracking Sheet

Project Information

1. Application Type: Site Plan X Commercial Subdivision_____ Residential Subdivision _____ E&S _____
2. Name of Project: Binns Road Data Centers
3. Site Plan #: SPR2026-00035
4. GPIN #'s: 77
5. Total Area (acres): 105.42
6. Total Amount of Disturbed Area (acres): 33.95
7. Total Amount of Existing Impervious Area (ft^2): 0.00
8. Total Amount of Proposed Impervious Area (ft^2) 21.81
9. Total Amount of Impervious Area on site (ft^2): 21.81
10. % Imperviousness of site: 21
11. Hydrologic Unit Code: HUC12 VAHU6: LOWER LITTLE RIVER
12. Is Area within a Chesapeake Bay Act Area (RMA)? ____Yes X___ No
13. Does project contain Resource Protection Area? X___Yes ____ No
    - If yes, is there any encroachment in this buffer? X___ Yes ____ No
    - If yes, what is the amount of area (ft^2)? 42,044
14. Does project contain wetlands? X___ Yes ____ No
    - If yes, will there be any wetlands impacts? X___ Yes ____ No
    - If yes, what is the amount of impact (ft^2)? 79,279
15. Does the project currently contain ponds or stormwater basins? ____ Yes X___ No
    - If yes, provide the Deed Book/Page # of Maintenance Agreement: Deed Book _____ Page #_____
    - If yes, what type of pond/basin is it? ____ Regional ____ Private
    - If Regional, what is the Basin ID? _____
16. Will this project require a basin? X___ Yes ____ No
    - If yes, what kind of basin will it be? ____ Regional X___ private
    - If the basin is Regional, what is its Basin ID? _____
    - If private, the basin will need to have a Maintenance Agreement recorded prior to plan approval

Owner/Developer/Engineer Information

Owner's Name and Address: 7883 BINNS ROAD, LLC
8401 MAYLAND DRIVE
RICHMOND, VA 23294
Phone #: (973) 590-8100 Fax #: _____
Email address: JMANEVICH@GMAIL.COM

Engineer's Name and Address: Zackary Wilkins
1 PARK WEST CIRCLE, SUITE 108
MIDLOTHIAN, VA 23114
Phone #: 804-748-9011 ext (244) Fax #:_____
Email address: ZWilkins@cctownes.com

Developer's Name and Address: SAME AS OWNER
_____
_____
Phone#: _____ Fax #:_____
Email address: _____