



THE COUNTY OF CAROLINE, VIRGINIA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

233 W. Broaddus Avenue, Bowling Green, VA 22427
 Phone: (804)633-4303 Fax: (804) 633-1766
www.visitcaroline.com/planning.html

APPLICATION FOR BUILDING, EROSION & SEDIMENT CONTROL AND ZONING PERMITS

Application Date: _____ Permit Number: _____

Permit Type:			
Deposit Type:		Amount: \$	DH#:

Application is hereby made for a Building, Erosion & Sediment and Zoning Permit in accordance with the description and for the purpose set forth herein. This application is made subject to all County and State laws and regulations, which are hereby agreed to by the undersigned and which shall be a condition of this permit.

ALL APPLICABLE INFORMATION MUST BE COMPLETED OR APPLICATION WILL BE RETURNED. (Please Print)

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Building Permit	<input type="checkbox"/> Zoning Permit	<input type="checkbox"/> Land Disturbing
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Owner Information	Name _____	Daytime Telephone No. _____
	Mailing Address _____ _____	
	E-mail Address _____	Fax Number _____ Cell Number _____

Builder/ Applicant	Name _____	Telephone No. _____
<input type="checkbox"/> same as owner	Mailing Address _____ _____	
	E-mail Address _____	Fax Number _____

Property Information	Address / Directions _____	
	Tax Map ID # _____	Area (in acres or sq. ft.) _____
	Subdivision _____	Lot # _____ Block _____ Section _____
	Current Deed Book/Page # _____	Election District _____

PLEASE FILL IN ALL AREAS RELEVANT TO THE PERMIT BEING REQUESTED

Building Use _____	No. of Rooms _____	No. of Bedrooms _____	Stories _____
Use Group _____	Occupant Load _____	Overall Height of Structure _____	
Water / Sewer <input type="checkbox"/> Existing	<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Septic / Well	Health Permit No. _____

PLEASE FILL IN ALL AREAS RELEVANT TO THE PERMIT BEING REQUESTED

Permit Type:

Construction	<input type="checkbox"/> Framed	<input type="checkbox"/> Modular	<input type="checkbox"/> SWMH	<input type="checkbox"/> DWMH	<input type="checkbox"/> TWMH	YEAR _____
Foundation	<input type="checkbox"/> Masonry	<input type="checkbox"/> Formed Concrete	<input type="checkbox"/> Treated Wood	<input type="checkbox"/> Pre-Cast Concrete	<input type="checkbox"/> On Frame	<input type="checkbox"/> Off Frame
Square Footage	1 st floor sq. ft. _____		2 nd floor sq. ft. _____		Total sq. ft. _____	
Basement	<input type="checkbox"/> Finished	Sq. ft. _____	<input type="checkbox"/> Unfinished	Sq. ft. _____	<input type="checkbox"/> Partial	<input type="checkbox"/> Crawlspace
Walls	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Masonry Bearing	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other	
Exterior	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Stone	<input type="checkbox"/> Other
Roof	<input type="checkbox"/> Manufactured Trusses		<input type="checkbox"/> Field Frame		<input type="checkbox"/> Other	

Garage	<input type="checkbox"/> Detached	<input type="checkbox"/> Attached	Length _____	Width _____	Sq. ft. _____
Porch	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length _____	Width _____	Sq. ft. _____
Deck	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length _____	Width _____	Sq. ft. _____
Ramp	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length _____	Width _____	Sq. ft. _____
Shed	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length _____	Width _____	Sq. ft. _____
Carport	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length _____	Width _____	Sq. ft. _____

Electrical	Amps _____	Disconnect <input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Temporary
Mechanical	Type Heat _____	Fuel Type _____	<input type="checkbox"/> Replacement	<input type="checkbox"/> Hood
Fireplace	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Wood Stove
Plumbing	Full Bath # _____	Half Bath# _____	<input type="checkbox"/> Replace well	<input type="checkbox"/> Repairs
Water Heater	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	<input type="checkbox"/> Replacement
Tank / Gas lines	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Above ground	<input type="checkbox"/> Underground
Generator	Type _____	Fuel Source _____	<input type="checkbox"/> Permanent	<input type="checkbox"/> Portable

Sign	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Attached to Bldg.	<input type="checkbox"/> Illuminated	Size _____
Alarms / Amusements	Type _____	No. _____		
Tent	Size _____	Occupant Load _____	<input type="checkbox"/> Cooking	

Other	_____
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Additional Information:

Estimated Cost of Work to be Performed \$ _____ (Required Information for ALL permits)
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Note: This Page is for office use only – Please fill in all required signatures on LAST PAGE of application.

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
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REQUIRED SIGNATURES

Plan Review	
Permit Fees	
Garage	
Porch	
Deck	
Ramp	
Shed	
Carport	
Electrical	
Mechanical	
Fireplace	
Plumbing	
Generator	
Other:	
Amendment	
Post Construction	
Building Sub Total	
2% State Levy	
Building Total	

Zoning Fees	
Site Plan Review	
Proffers	
911 Address	
Zoning Total	

E & S Fees	
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Other	
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TOTAL FEES	
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Property Zoned as:		Permit Type:		
Rezoning / Special Exception #		Proffers / Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No		
Transportation Analysis Zone:				
Census Tract:				
Flood Hazard District <input type="checkbox"/> Yes <input type="checkbox"/> No F.I.R.M No.				
Setbacks: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corner Lot				
Front	Proposed		Required	
Back	Proposed		Required	
Right	Proposed		Required	
Left	Proposed		Required	
Comments:				

Zoning Administrator	Date
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Chesapeake Bay District: <input type="checkbox"/> None <input type="checkbox"/> RMA <input type="checkbox"/> RPA	
RLD	RLD No.:
Bond required at issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No Bond Amount: \$	
Notes:	

Environmental Planner	Date
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Comments:

Building Official	Date
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Mechanic Lien Agent _____
 Name Telephone No.

Not Designated _____
 Mailing Address _____

General Contractor / Subcontractor Information	State Contractor's License No.	State Tradesman Certification No.	Caroline County Business License No.

I certify that all licenses and certifications required by the State of Virginia and the County of Caroline are current at the time of application. Please notify this office immediately of any changes to the above-noted subcontractors. A complete list of subcontractors will be submitted before Rough-ins.

Print Name Contractor Signature Date

ALL BUILDERS OR OWNER-DEVELOPERS THAT CONTRACT TO BUILD FOR OTHERS ON PROPERTY THAT THE BUILDER OR OWNER-DEVELOPER OWNS, MUST BE LICENSED UNDER THE PROVISIONS OF § 54.1-1100 CODE OF VIRGINIA

Owner's Affidavit (Acting as contractor) I, _____, affirm that I am the owner of a certain tract or parcel of land located at: _____ and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of §54.1-1100 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor. I also affirm that I will be responsible for meeting the code standards.

I further affirm that I will: reside in this house for at least 24 months
 give this house to an immediate family member and they will live in this house for at least 24 months
 Other (Explain) _____

Owner's signature Staff or Notary signature

Signed and acknowledged by _____ in the city or county of _____, of Virginia on this _____ day of _____, 20____. In the presence of the undersigned witness. Notary No. _____ Expires: _____

**** Signature must be witnessed in office – otherwise signature needs to be notarized.**

Applicant Certification

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings, and that all construction will conform with all applicable state and county laws, ordinances and regulations with regard to zoning, health and building. Failure to do so shall automatically render this permit invalid. I understand that construction requires a building permit issued by the Caroline County Building Official. I understand that construction must commence within 6 months of the issuance of this permit or the permit is rendered void, subsequent inspections must comply with Section 110.6 (Abandonment of Work) of the Uniform Statewide Building Code. I further understand that the land may not be used or occupied, and buildings structurally altered or erected may not be used or changed in use, until the Certificate of Occupancy is issued. All open burns shall be in accordance with Chapter 72 of the Code of Caroline County.

Revocation of Permit: The code official may revoke a permit or approval issued under the provisions of the USBC in case of any false statement, misrepresentation of fact or incorrect information supplied by the applicant in the application or construction documents on which the permit or approval was based.

Please Print name Owner or Applicant Signature Date

County of Caroline

Kevin R. Wightman, CBO
Department of Building Inspections
233 West Broaddus Street
Bowling Green, Virginia 22427
(804) 633-4303 Main / (804) 633-1766 Fax



MEMORANDUM

FROM: Kevin R. Wightman, CBO
Caroline County Building Official

SUBJECT: Scheduling Inspections & Roster of Sub-Contractors

Please take note of our inspection scheduling process:

To schedule inspections, please call 804-633-9896 **before 2:00 p.m.** to schedule for the following work day.

We do not schedule times. If you need to coordinate a time you will need to leave a message for the building inspectors to return a call to you.

It is recommended for you to call directly to the building inspectors before 7:30 a.m. on the day of your inspection to get an ESTIMATE on your inspection time.

Inspector's direct lines: (804) 633-4098 – John Snyder, CBO
(804) 633-0823 – Don Robinson Jr., CBO

FOR SINGLE FAMILY DWELLING PERMITS:

A **Roster of Sub-Contractors** must be submitted to this office on the day prior to scheduling of the Rough-in inspections. The roster must be complete and **all licenses** must be valid for the Rough-in inspection to be performed.

This may be faxed to (804) 633-1766 or emailed to:

rbradford@co.caroline.va.us or mblanton@co.caroline.va.us