

TOWN OF COLONIAL BEACH



COLONIAL BEACH, VIRGINIA

Building, Erosion & Sediment Control and Zoning Permit Application

Application Date: _____

Permit No. _____

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 Town and State laws and regulations, which are hereby agreed to by the undersigned and which shall be a condition of this permit.

Any additions, new single family dwellings, garages, sheds, carports and fences require a Zoning Permit. A detailed Site Plan or Survey must accompany your Zoning Permit Application.

PLEASE FILL OUT THIS FORM COMPLETELY – INCOMPLETE FORMS WILL NOT BE PROCESSED (Please Print)

Please Check the Applicable Permit Type Applying For:		<input type="checkbox"/> Building Permit	<input type="checkbox"/> Zoning Permit	<input type="checkbox"/> Erosion & Sediment (Land Disturbing)
		<input type="checkbox"/> Renovation(s)	<input type="checkbox"/> Sign	
Owner:	_____	_____		
	Name	Daytime Telephone No.		

	Mailing Address			

	E-mail Address	Fax Number		

Applicant/Builder:	_____	_____	
	Name	Daytime Telephone No.	
<input type="checkbox"/> Same as Owner:	_____		
	Mailing Address		

	E-mail Address	Fax Number	

Mechanic Lien Agent:	_____	
	Name	Daytime Telephone No.
<input type="checkbox"/> Not Applicable	_____	
	Mailing Address	

Property Information:	Address/Directions: _____	Frontage: _____	
	Tax Map/Parcel Number: _____	Area (in acres & sq. ft): _____	
	Lot No: _____	Section: _____ of: _____	Subdivision
	Other existing structures (number and type): _____		
	Existing structures to be removed (number and type): _____		

Type of Permit:
Please Check Appropriate Box(s) Residential Commercial

<input type="checkbox"/> Single Family Dwelling/Modular (circle one)	<input type="checkbox"/> Electrical
<input type="checkbox"/> Commercial/Industrial Structure	<input type="checkbox"/> Mechanical
Specify Use: _____	<input type="checkbox"/> Deck
<input type="checkbox"/> Multi-Family: No. of Buildings _____ No. of Units: _____	<input type="checkbox"/> Chimney
<input type="checkbox"/> Addition (Specify) _____	<input type="checkbox"/> Fireplace
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Demolition (Specify) _____
<input type="checkbox"/> Shed/Storage Building	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Land Clearing (Area to be cleared) _____ square feet	<input type="checkbox"/> Fence
_____ acre(s)	
<input type="checkbox"/> Alteration (Specify) _____	<input type="checkbox"/> Temporary Use/Structure
	<input type="checkbox"/> Other (Specify) _____

PLEASE COMPLETE ALL AREAS. IF AN AREA IS NOT APPLICABLE WRITE "N/A"

Building Use: _____ Number of Rooms: _____ Number of Stories: _____
 Use Group: _____ Type of Construction: _____
 Occupant Load: _____ Foundation Construction Type: _____
 Crawl Space: _____ Basement: _____ Finished: _____ Unfinished: _____ Full: _____ Partial: _____
 Exterior Finish Materials: _____ Interior Finish Materials: _____
 Fireplace: Yes or No (Circle One) Fireplace: Type of Construction: _____
 Chimney or Flue (Circle One) Chimney: Type of Construction: _____
 Garage/Carport: (Circle One) Detached: _____ Attached: _____
 Porches: Yes or No (Circle One) Floor Finish: _____ Truss Roof or Field Frame (Circle One)
 Number of Bedrooms: _____ Number of Bathrooms: _____

Electrical/Plumbing/Mechanical
 Show the type and number of each appliance where applicable (e.g. 1 Electric Washer)

Service Capacity: _____ New or Existing Service: _____ Dishwasher: _____
 Number of Full Bathrooms: _____ Number of ½ Bathrooms: _____ Handicap Accessible: Yes No
 Air Conditioning: _____ Type Heat: _____ Clothes Dryer Hookup: _____ Clothes Washer Hookup: _____
 Type Water Heater: _____ Range-Oven: _____

Structure & Lot Information (Square Footage & Height)

Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage/Carport: _____
Finished: _____	Decks: _____
Unfinished: _____	Porches: _____
1 st Floor: _____	Height: _____
2 nd Floor: _____	Driveway Area: _____
3 rd Floor: _____	Total Impervious Area (sq. ft.): _____
Length & Width: _____	Other (Specify): _____
Total Square Footage: _____	Estimated Cost: _____

General Contractor/Subcontractor Information

List of General Contractor/Subcontractors:

(i.e., HVAC, Electrician, Plumber, Footing, Foundation, Block & Land Disturbing)

Name/Type License	State Contractor's License Number	State Tradesman Certification Number	Town of Colonial Beach Business License Number

I certify that all current licenses and certifications required by the State of Virginia and the Town of Colonial Beach are on file in the Clerk's Office. Please notify this office immediately of any changes to the above-noted subcontractors.

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

PUBLIC NOTICE

A landowner may, without a license, on his own property build one house for his own use in a twenty-four month period, or build a house as a gift to an immediate family member, if the family member lives in the house twenty-four months.

Owners building industrial or manufacturing facilities on their own property are not required to be licensed.

Owner-Developers that contract with a Class "A" building contractor to build a house and then sell the completed house to others are not required to be licensed.

Licensing information may be obtained from:

State Board for Contractors
3600 West Broad Street
Richmond, VA 23230-4917
(804) 367-8511

Complaints Regarding Unlicensed Contractors may be sent to:

Criminal Investigation Section
Department of Professional & Occupational Regulation
3600 West Broad Street
Richmond, VA 23230-4917
(804) 367-2195

OWNER'S AFFIDAVIT

I, of (address) _____ 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 §54.1-1101 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) _____

(Affiant)

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

