



**THE TOWN OF COLONIAL BEACH, VIRGINIA**  
**DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT**

315 Douglas Avenue, Colonial Beach VA 22443

Phone: (804) 224-7506 Fax: (804) 224-1318

www.colonialbeachva.net

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**APPLICATION CHECK LIST FOR A NEW BUSINESS, COMMERCIAL CHANGE OF USE AND/OR HOME OCCUPATION**

In order to process your building permit the following items must be submitted if applicable. Failure to submit a complete package shall result in a delay in approving and releasing the permit.

**BUSINESS PERMIT APPLICATION CHECKLIST**

<b>APPLICANT</b>	<b>ITEMS REQUIRED</b>	<b>STAFF</b>
<input type="checkbox"/>	A <b>Completed</b> and <b>Signed</b> Zoning Permit Application	<input type="checkbox"/>
<input type="checkbox"/>	<b>Permit Fees Due at Time of Application Submission</b> Cash or Check made payable to "Town of Colonial Beach"	<input type="checkbox"/>
<input type="checkbox"/>	Tradesman Affidavit (one per trade required)	<input type="checkbox"/>
<input type="checkbox"/>	Town of Colonial Beach Business License	<input type="checkbox"/>
<input type="checkbox"/>	If Residential to Commercial - See Change of Use Check List	<input type="checkbox"/>
<input type="checkbox"/>	A copy of a tax receipt showing that taxes on the property are current (§15.2-2286)	<input type="checkbox"/>



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**ZONING APPLICATION FOR A NEW BUSINESS, COMMERCIAL CHANGE OF USE AND/OR HOME OCCUPATION**

Application Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

<b>Deposit</b>	<b>Type:</b>	<b>Amount: \$</b>	<b>DH#:</b>
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Zoning application is hereby made for a Renovation, Change of Use, Building, and/or Land Disturbing 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.

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

<b>PLEASE CHECK PERMIT TYPE(S)</b>	<input type="checkbox"/> Zoning	<input type="checkbox"/> Building
<b>Check all that apply</b>	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Sign (non-electric)
	<input type="checkbox"/> New Business	<input type="checkbox"/> Sign (electric)
	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Other _____

<b>Owner Information</b>	Name _____	Daytime Telephone No. _____
	Mailing Address _____	
	E-mail Address _____	Fax Number _____
		Cell Number _____

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

<b>Property Information</b>	Address _____	
	Tax Map ID # _____	Area (in acres & sq. ft.) _____
	Current Deed Book/Page # _____	Lot # _____ Block _____ Section _____
	Existing Use of Property _____	
	Existing Structures on Property _____	
	Existing Structures to be removed _____	Type _____

Note: This page for office use only

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
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Gen. Zoning Fees	
Plan Review (Site)	
Sign, Non-Electric	
Minor Home Occ.	
New Business	
Addendum/Other	
<b>TOTAL ZONING FEES</b>	

Plan Review (Bld.)	
Sign, Electric	
Major Home Occ.	
Change of Use	
Addendum/Other	
Building Subtotal	
2% State Levy	
<b>TOTAL BUILDING FEES</b>	

<b>TOTAL FEES (Zoning + Building)</b>	
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Note: This page for office use only

**REQUIRED SIGNATURES**

<b>Property Zoned as:</b>				
Rezoning / Special Exception #			Proffers / Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Height Requirements</b>				
Principal Structure	Proposed:	Maximum permitted:		
Accessory Structure	Proposed:	Maximum permitted:		
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 \_\_\_\_\_

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 \_\_\_\_\_

Comments:

Building Official \_\_\_\_\_ Date \_\_\_\_\_

NEW BUSINESS SUPPLEMENTAL QUESTIONS/INFORMATION

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Products/Services Offered: \_\_\_\_\_

Projected Opening Date: \_\_\_\_\_ Colonial Beach Business License Number: \_\_\_\_\_

SIGN PERMIT SUPPLEMENTAL QUESTIONS/INFORMATION

Sign Location: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Proposed Height: \_\_\_\_\_ Proposed Width: \_\_\_\_\_ Proposed Length: \_\_\_\_\_

Please use an existing plat to show the location of the proposed sign. Be sure to show the distance from the sign to ALL property lines (front, side(s), and rear).

Will the proposed sign be illuminated?  Yes  No - If yes, an electrical permit will be required.

Are there existing signs on the property?  Yes  No - If yes, please provide (on a separate piece of paper) the size (height, width, & length) of any existing sign(s). Also, using an existing plat show the location of the existing sign(s), including distances to ALL property lines (front, sides(s) & rear).

Will the proposed sign replace any existing sign(s)?  Yes  No - If yes, please indicated which sign(s) are to be replaced.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide cut-sheets for the proposed sign(s) including colors, logos, and wording to be on the sign.

Please provide as an attachment the construction details for the proposed sign. We will need two (2) sets of construction plans. One sheet of the construction plan shall be survey of the property (plat) showing all existing improvements and proposed improvements and sign locations.



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TRADESMAN AFFIDAVIT

I, \_\_\_\_\_, am installing Electrical/Plumbing/Mechanical/Gas  
(circle appropriate category)

at \_\_\_\_\_ My company name is \_\_\_\_\_  
(address/tax map#)

\_\_\_\_\_. I have all licenses and certifications required by the State of Virginia and the Town of Colonial Beach. Copies of my applicable licenses and certifications are attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS AFFIDAVIT MUST BE COMPLETED PRIOR TO PERMIT ISSUANCE. ATTACH COPY OF VIRGINIA LICENSE AND TRADESMAN CERTIFICATION CARD AND TOWN BUSINESS LICENSE BELOW

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**COMMERCIAL CHANGE OF USE**

When a new tenant occupies an existing structure the following information is needed, provided that the use does not change (mercantile to mercantile) and no work is to be done a building permit is not required, in order to issue a new certificate of occupancy for the building. However a zoning permit is required for all new businesses. You should provide answers to the following questions on this application:

1. What business was in the space prior? \_\_\_\_\_
2. What services were performed in the space prior? \_\_\_\_\_
3. What work will be done to move into the space? \_\_\_\_\_

Painting and cleaning does not require a permit.

If a permit is required an inspection is also required. The following activities require both a building and zoning permit application:

- Installation of **ANY** electrical equipment, mechanical equipment, or new plumbing equipment requires a permit.
- New electrical circuits and outlets requires a permit
- Removal or installation of any wall or doorway will require a permit.
- Renovation of an existing structure built prior to January 1, 1985 requires an asbestos survey by section 108.1(4) of the Uniform Statewide Building Code (USBC) of Virginia 2009.

State law requires a change of use to show compliance with life and safety requirements of the current edition of the USBC. The following information is need on all plans to show compliance. **All plans must have a Certified Design Profession (CDP) seal/signature.** A CDP is a professional engineer or architect licensed by the Commonwealth of Virginia.

**ALL PLAN SUBMISSIONS NEED TO ADDRESS THE FOLLOWING ITEMS:**

Please answer each question in a narrative on a separate sheet of paper (if needed)

1. Specify the building use per Chapter 3 of the USBC:  
\_\_\_\_\_
2. Specify the type of construction per Chapter 6 of the USBC:  
\_\_\_\_\_
3. Provide height and area calculations per Chapter 5 of the USBC:  
\_\_\_\_\_
4. If the building has other tenants show compliance with Section 508 Mixed Uses of the USBC:  
\_\_\_\_\_
5. Specify the occupant load for all areas:  
\_\_\_\_\_
6. Show and specify egress door sizes, locations, and hardware types:  
\_\_\_\_\_
7. Show and specify all exit and ingress lighting types and locations:  
\_\_\_\_\_
8. Provide ventilation air calculations and current HVAC system evaluation to show compliance with Chapter 4 of the USBC  
\_\_\_\_\_
9. Provide a plumbing fixture count and calculations to show compliance with Chapter 4 of the USBC:  
\_\_\_\_\_

10. Or show compliance with the USBC section 3409 for alternatives or the Existing Building Code as amended by the USBC:

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### Home Occupation Supplemental Questions

1. Please provide a detailed description of the proposed home occupation such as: activities, materials & equipment used, and methods of operation.  

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2. Will anyone report to your home for work, to get supplies, or to utilize any service?:    \_\_\_\_\_Yes    \_\_\_\_\_No
3. What type of product will be produced, serviced, or repaired in the conduct of your home occupation? Explain: \_\_\_\_\_  

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4. Describe any type of alterations to the home or property that may be required to facilitate your home occupation: \_\_\_\_\_  

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5. Explain which room(s) will be used in the conduct of the home occupation and how such room(s) will be used (include total square feet): \_\_\_\_\_  

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6. Describe the mechanical and/or electrical equipment that will be necessary to the conduct of your activity: \_\_\_\_\_  

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7. Describe how, where and in what amounts the material, supplies, and/or other equipment related to your proposed home occupation will be stored: \_\_\_\_\_  

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8. If trucks or other equipment will be used in your home occupation, where will they be parked or stored?: \_\_\_\_\_  

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9. Will the home occupation involve the use of commercial vehicles?:    \_\_\_\_\_Yes    \_\_\_\_\_No  
If yes, please explain: \_\_\_\_\_  

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**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 to all applicable state and town laws, ordinances and regulations with regard to zoning, environmental, health and building. Failure to do so shall automatically render this permit invalid. I understand that construction requires a zoning permit issued by the Colonial Beach Department of Planning & Community Development. 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. I further permit Town officials or any other governmental agency representatives to enter the property to ensure that the property is being constructed in compliance with all governmental regulations; local, state and federal and that any proffered conditions have been and continue to be implemented. Revocation of Permit: The zoning/building official may revoke a permit or approval issued under the provisions of the Zoning Ordinance/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. I also acknowledge that it is my responsibility to obtain any stormwater permit from the Commonwealth of Virginia - Department of Environmental Quality.

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**Date**

**Owner or Applicant Signature**

**Please Print name**