



TOWN OF COLONIAL BEACH
Department of Planning & Community Development
315 Douglas Avenue
Colonial Beach, VA 22443
(804) 224-7506
(804) 224-1318 Fax
www.colonialbeachva.net

APPLICATION CHECK LIST FOR A SIGN

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.

SIGN PERMIT APPLICATION CHECKLIST

| APPLICANT | ITEMS REQUIRED | STAFF |
|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> | Permit Fees Due at Time of Application Submission Cash or Check made payable to "Town of Colonial Beach" | <input type="checkbox"/> |
| | A Completed and Signed Building/Zoning Permit Application | <input type="checkbox"/> |
| | Two (2) sets of site plans showing location of proposed sign | <input type="checkbox"/> |
| <input type="checkbox"/> | Two (2) sets of Cut Sheets showing all dimensions and specifications | <input type="checkbox"/> |
| <input type="checkbox"/> | Tradesman Affidavit (if sign is powered) | <input type="checkbox"/> |
| <input type="checkbox"/> | Town of Colonial Beach Business License (if applicable) | <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"/> |

- A failed inspection shall be subject to a re-inspection fee in accordance with the Town Fee Schedule. All re-inspection fees must be paid prior to future inspections.

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
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ZONING APPLICATION FOR A SIGN

Application Date: _____

Permit Number: _____

| | | | |
|---------|-------|------------|------|
| Deposit | Type: | Amount: \$ | DH#: |
|---------|-------|------------|------|

Zoning application is hereby made for a sign 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)

| | | |
|--------------------------|-----------------------|-----------------------------|
| Owner Information | Name _____ | Daytime Telephone No. _____ |
| | Mailing Address _____ | |
| | _____ | |
| | E-mail Address _____ | Fax Number _____ |

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

| | | | | |
|-----------------------------|--------------------------------|---------------------------------|-------------|---------------|
| Property Information | Address _____ | | | |
| | Tax Map ID # _____ | Area (in acres & sq. ft.) _____ | | |
| | Current Deed Book/Page # _____ | Lot # _____ | Block _____ | Section _____ |
| | Existing Use of Property _____ | | | |

SIGN PERMIT SUPPLEMENTAL QUESTIONS/INFORMATION

PLEASE FILL OUT THIS FORM COMPLETELY

Sign Location: _____

Zoning District: _____ Type of Business: _____

Proposed Height: _____ Proposed Width: _____ Proposed Length: _____

Cost of Work: \$ _____

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.

Mechanic Lien Agent

Name _____ Telephone No. _____

None Designated

Mailing Address _____

| General Contractor /Subcontractor Information | State Contractor's License No. | State Tradesman Certification No. | Colonial Beach Business License No. |
|-----------------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|
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| | | | |

I certify that all licenses and certifications required by the State of Virginia and the Town of Colonial Beach 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 prior to 1st inspection.

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 § 54.1-1101 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 §54.1-1101 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) _____

Owner's signature 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: _____

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.

Date Owner or Applicant Signature Please Print Name

Note: This Page is for office use only

| | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> COMMERCIAL |
|--------------------------------------|-------------------------------------|

REQUIRED SIGNATURES

| | |
|--------------------------|--|
| Gen. Zoning Fees | |
| Plan Review (Site) | |
| Sign, Zoning only | |
| Other | |
| TOTAL ZONING FEES | |

| | | | | |
|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|----------|--|
| Property Zoned as: | | | | |
| Rezoning / Special Exception # | | Proffers / Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Height Requirements | | | | |
| 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: | | | | |
| | | | | |
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|----------------------------|--|
| Plan Review (Bld.) | |
| Sign, Elec/Struct. | |
| Other | |
| Building Subtotal | |
| 2% State Levy | |
| TOTAL BUILDING FEES | |

| | |
|---------------------------------------|--|
| TOTAL FEES (Zoning + Building) | |
|---------------------------------------|--|

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: \$ |
| Comments: | |
| | |
| | |
| | |

Environmental Planner **Date**

| |
|-----------|
| Comments: |
| |
| |
| |

Building Official **Date**



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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