

COUNTY OF POWHATAN
Building Inspections Department
3834 Old Buckingham Road, Suite F
Powhatan, VA. 23139
(804) 598-5622-Phone (804) 598-5877-Fax
www.powhatanva.gov

RESIDENTIAL CONSTRUCTION Permit Application

PERMIT NUMBER: _____ DATE OF APPLICATION: _____ RECEIVED BY: _____

OWNER NAME: _____
Last name First name Middle initial

ADDRESS: _____ SITE ADDRESS: _____
(If different)

ZIP: _____ ZIP: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

SUBDIVISION: _____

LOT: _____ BLOCK: _____ SECTION: _____

SETBACKS OF PROPOSED BUILDING:

FRONT: _____ BACK: _____ RIGHT: _____ LEFT: _____

**IT IS THE RESPONSIBILITY OF THE BUILDER TO ASSURE FRONT, SIDE AND REAR-YARD
SETBACK REQUIREMENTS ARE MET AND THAT SOILS ARE SUITABLE FOR FOOTINGS**

TAX PARCEL #: _____ TOTAL ACREAGE OF LOT: _____

WATER: (Check one) Public Private Well SEWAGE: (Check one) Public Private Septic

STRUCTURE: (Check one) ADDITION ALTERATION NEW CONSTRUCTION TEMPORARY

NATURE OF WORK: _____
(Examples: Single Family Dwelling, 2 Story, 4 BR, Basement, Attached Garage, Deck, Swimming Pool etc.)

CONTRACTOR: _____ STATE LICENSE NO. _____
Last name, First name Middle initial

TRADING AS: _____ CLASS: _____ EXPIRATION: _____

ADDRESS: _____ SPECIALTY CLASSIFICATION(S): _____

PHONE: _____

BUSINESS LICENSE NO. _____ LOCALITY _____ EXPIRATION: _____

(THIS SECTION TO BE COMPLETED BY COUNTY STAFF)

Use Group: _____ Use Code: _____ Fed. Use Code: _____ Construction Type: _____

Magisterial Dist.: _____ Zoning: _____ Traffic Area: _____ Voting Dist.: _____

USBC Edition: _____ Hydrologic Unit: _____ Route #: _____ Floodplain: Y/N _____

Site Plan # _____ Variance/Conditional Use Permit# _____ Occupant Load: _____

Planning & Zoning Approval _____ Building Dept. Approval _____

CHECK EACH PERMIT TYPE FOR WHICH APPLICATION IS MADE AND PROVIDE REQUESTED INFORMATION

SINGLE FAMILY DWELLING **DUPLEX** Value: \$ _____ Total Sq. Ft: _____

# Stories	# Bed Rooms	# Full Baths
# Half Baths	# Kitchens	Type of Heat
Basement Y/N	% Basement Finished	Flue Y/N (Type)
# Fireplaces	Type of Fireplace	Exterior Finish
Sq. Ft. Porch	Sq. Ft. Deck	Sq. Ft. Basement
Sq. Ft. 1st Floor	Sq. Ft. 2nd Floor	Sq. Ft. 3 rd Floor
Sq. Ft. Garage	Unfinished Space	Other

ADDITION, ALTERATION, REPAIR, ACCESSORY STRUCTURES

Value of Improvement: \$ _____ Total Sq. Ft: _____

#Rooms Added	#Bed Rooms Added	#Bath Rooms Added
#Decks & Size	#Porches	#Kitchens Added
Garage Y/N	Carport Y/N	Storage Shed Y/N
(circle one) Attached/Detached	(circle one) Attached / Detached	(circle one) Attached/Detached
Square Feet Added	Flue Y/N	Fireplace Y/N
Other Work (Specify): _____		

MANUFACTURED/MOBILE HOME Value: \$ _____ Total Sq. Ft.: _____

Dimensions	Model Year	Manufacturer
#Bedrooms	#Baths	
Deck Size	Porch Size	

DEMOLITION Value: \$ _____ (Total cost of demolition)

Describe building or building element to be demolished _____

Have all utilities been disconnected? Yes No If No, explain _____

Please provide appropriate documentation (receipts) that demolition debris has been properly disposed of.

MECHANICS LIEN AGENT (ONE AND TWO FAMILY DWELLINGS ONLY)

I request that the following mechanics lien agent be listed on my permit.

Name: _____ Phone: _____

Street or P.O. Box: _____ City, State, Zip: _____

I certify that I am legally authorized to make this application. I also certify that all construction will be executed in accordance with the applicable provisions of the Virginia Uniform Statewide Building Code and the Ordinances of Powhatan County. No portion of the work executed under this permit will be used or occupied until a Final Inspection and/or Certificate of Occupancy is granted.

Applicant Signature

Date

Print Name

Applicant is Building Owner Owner's Agent Contractor/Contractor's Agent

NOTE: If the permit applicant does not hold a Contractor's license issued by the Virginia Department of Professional and Occupational Regulation, submit a notarized Affidavit of Exemption from Contractor Licensing. Cash and check are the only acceptable forms of payment.

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RESIDENTIAL
ELECTRICAL, MECHANICAL, and PLUMBING
Permit Application

This abbreviated application may be used to obtain the above permits when a Building Permit has already been issued. Provide permit number, owner's name, location of work and all other applicable information.

PERMIT NUMBER: _____ DATE OF APPLICATION: _____ RECEIVED BY: _____

OWNER NAME: _____
Last name First name Middle initial

SITE ADDRESS: _____

EMAIL: _____

ZIP: _____ PHONE: _____ FAX: _____

ELECTRIC SERVICE: (Check one) [] Southside Electric Co-Op [] Dominion Power; Inquiry Number: _____

WATER: (Check one) [] Public [] Private Well SEWAGE: (Check one) [] Public [] Private Septic

CHECK ONE [] NEW INSTALLATION [] REPAIR [] ALTERATION and/or EXTEND EXISTING SYSTEM

NATURE OF WORK: _____

COMMERCIAL Y/N: _____ DESCRIBE: _____

Note: Asbestos and Demolition Certification Form is required to be submitted with permit applications for all commercial repair, alteration, or demolition work.

CONTRACTOR: _____ STATE LICENSE NO. _____
Last name, First name Middle initial

TRADING AS: _____ CLASS: _____ EXPIRATION: _____

ADDRESS: _____ SPECIALTY CLASSIFICATION(S): _____

PHONE: _____

BUSINESS LICENSE: _____ ISSUED BY: _____ EXPIRATION DATE: _____

Note: Furnish copies of State Contractor license and Local Business license (even if licensed in another jurisdiction). County of Powhatan business license is required when the total amount of transactions in Powhatan exceed \$25,000 in a calendar year. Businesses within Powhatan are required to hold a current Powhatan business license when gross receipts are \$3,000 or more in a calendar year, regardless of where work is being conducted. Contact County of Powhatan Commissioner of the Revenue for business license information, (804) 598-5619. (Update required for changes of address or status and upon license renewal. Notify Virginia Board for Contractors within 10 days upon change of address.)

NOTE: If the permit applicant does **not** hold a Contractor's license issued by the Virginia Department of Professional and Occupational Regulation, submit a notarized Affidavit of Exemption from Contractor Licensing.

Continued on next page

CHECK EACH PERMIT TYPE FOR WHICH APPLICATION IS MADE AND PROVIDE REQUESTED INFORMATION

ELECTRICAL PERMIT Contract Value: \$ _____

#Panels	_____	#Circuit	_____	Service Ampacity	_____
#Receptacles	_____	#Switches	_____	#Fixtures	_____
#Clothes Dryer	_____	#Elec Range/Oven	_____	Base Board Heat Y/N	_____
Water Heater Y/N	_____	Heat Pump Y/N	_____	Available Fault Current	_____
Service Ent Conductor Size	_____	Aluminum or Copper	_____	(Obtain from power company)	
Change of service Y/N ...	_____				

Other Work (Specify): _____

MECHANICAL/HVAC Contract Value: \$ _____

Type of Equipment to be installed _____
 Fuel Type (Gas, Electric, Oil, Solar, Wood) _____ BTU Rating _____
 Location (Attic, Crawlspace, Garage, etc) _____
 Duct Material (Rigid metal, Fiberglass, Flexible) _____
 Wood Stove Y/N _____ Listed & Labeled Y/N _____
 Installation of Gas Piping Y/N _____

Other Work (Specify): _____

PLUMBING PERMIT Contract Value: \$ _____

#Water Closets	_____	#Bath Tubs	_____	#Showers	_____
#Basins	_____	#Kitchen Sinks	_____	#Laundry Sinks	_____
#Clothes Washer	_____	#Dishwashers	_____	#Mop Sinks	_____
#Water Heaters	_____	#Floor Drains	_____	#Hose Bibs	_____
Boiler Y/N	_____				

Other Work (Specify): _____

PERMIT FEES:

Refer to the separate FEES SCHEDULE document for complete list of fees. All fees plus state levy are to be paid upon application for a permit. *Only cash or check are acceptable payment methods.*

The Commonwealth of Virginia requires every jurisdiction to collect a 2% fee levy on each permit issued. This amount is added to the permit fee collected by the county at the time of application for a permit (i.e., \$50 permit fee + \$1.00 levy = \$50.00 total).

By signing this application the applicant acknowledges responsibility for the above matters.

I certify that I am legally authorized to make this application. I also certify that all construction will be executed in accordance with the applicable provisions of the Virginia Uniform Statewide Building Code and the Ordinances of Powhatan County. No portion of the work executed under this permit will be used or occupied until a Final Inspection and/or Certificate of Occupancy is granted.

Applicant Signature

Date

Print Name

Applicant is Building Owner Owner's Agent Contractor/Contractor's Agent



The County Of
Powhatan

ZONING COMPLIANCE
AFFIDAVIT

For Office Use Only	
Building Permit #	
Date of Submittal	
Received By	

Site Address _____

In signing this affidavit, the property owner and/or contractor understands and agrees to the following:

- The proposed use(s), distances from property lines, and distances from other structures as listed on the attached application are correct.
- It is the responsibility of the property owner and his contractor to ensure that the building is constructed/sited in compliance with the setback distances required for this structure by the Zoning Ordinance.
- The County bears no responsibility for construction/siting errors.
- The contractor is aware of all zoning requirements pertinent to this project.
- If the building is sited in violation of any setback distance, the property owner will be required to demolish or move the portion of the building not in compliance or take other corrective measures to avoid legal action from the County of Powhatan. The law does not favor variances granted for any construction or siting errors resulting from failure to follow the approved permit.
- Construction siting errors are not considered hardships by the Planning Department, and the Board of Zoning Appeals has been so informed.

Check one: **Property Owner** **Contractor**

I, _____, know and understand the requirements of the attached zoning permit as well as provisions of the Powhatan County Zoning Ordinance pertinent to this project. I understand that if this project results in the violation of any provision of the Zoning Ordinance, the property owner or contractor, or both, will be subject to legal action by the County of Powhatan.

Signature

Date

Subscribed and acknowledge to before me this _____ day of _____, 20____, in the City/County of _____, Virginia.

Notary Public

Commission Expiration

Notary registration number

Board of Supervisors
Angela Y. Cabell, Chairwoman
William E. Melton, Vice Chairman
Laurence J. Nordvig
Carson L. Tucker
David T. Williams



Department of Community Development
Building Official
David W. Dunivan

The County Of

Powhatan

AFFIDAVIT OF EXEMPTION FROM CONTRACTOR LICENSING

All permit applicants who do not hold a valid state contractor's license are required to complete this affidavit. This is a sworn legal document. The applicant's signature shall be witnessed by a Notary.

As applicant for a building permit for work to be performed at the following location:

(Location of work)

And pursuant to the provisions §54.1-1111, Code of Virginia, I swear I am exempt from any requirement to be licensed as a contractor in the Commonwealth of Virginia for the following reason: (check one):

- I will perform or supervise the construction, removal, repair or improvement of no more than one building for retail use, one building for commercial use or one residence upon my own real property and for my own personal use during any twenty-four-month period; (personal use excludes buildings owned by the applicant but rented otherwise let out to tenants)
- I will perform or supervise the construction, removal, repair or improvement of a house upon my own real property as a bona fide gift to a member of my immediate family who will reside in the house ("immediate family" includes one's mother, father, son, daughter, brother, sister, grandchild, grandparent, mother-in-law and father-in-law);
- I am lessee of the relevant property or the agent of either or by the RDP, contractor or subcontractor associated with the work or any of their agents. I am not required to have a contractor license pursuant to Chapter 11 of Title 54.1 of the Code of Virginia.
- I am a contractor as defined in §54.1-1100, however, the total contract value of the work to be performed does not exceed \$1,000.00 and does not include landscape irrigation or water well construction. If the work includes plumbing, electrical, HVAC or gas piping, the applicant shall hold a Master Tradesman Certification issued by the Virginia Department of Professional and Occupational Regulation. Certification #: _____

Applicant Signature _____ Phone _____

Address _____ Subscribed and
acknowledge to before me this _____ day of _____, 20____, in the City/County of
_____, Virginia.

Notary Public

Commission Expiration

Notary registration number

POWHATAN COUNTY REQUIRED BUILDING & PLANNING INSPECTIONS

BUILDING & PLANNING DEPARTMENT PERMIT / INSPECTION TYPE	PRE-CONSTRUCTION	INITIAL EROSION <small>SEE NOTE 1</small>	FOOTING	FOUNDATION <small>SEE NOTE 1 & 2</small>	BASEMENT WATERPROOFING AND DRAINAGE	PRE-SLAB	TEMPORARY POWER	FIREPLACE THROAT	FRAMING / STRUCTURAL <small>SEE NOTE 1 & 2</small>	ROUGH ELECTRICAL	ROUGH PLUMBING	ROUGH MECHANICAL	VENEER	INSULATION	SERVICE CONNECT	FINAL ELECTRIC	FINAL PLUMBING	FINAL MECHANICAL	FINAL EROSION	FINAL BUILD <small>SEE NOTE 3 & 4</small>
	Residential - New Construction		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Residential - Secondary Dwelling			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Residential - Addition			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Residential - Alteration									X	X	X	X	X	X		X	X	X		X
Residential - Demolition	X									X	X	X	X	X		X	X	X		X
Residential - Manufactured Housing			X	X	X	X	X				X	X				X	X	X		X
Residential - Gas											X							X		X
Residential - Swimming Pool			X							X B						X				X
Commercial - New Construction			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Commercial - Addition			X	X	X	X			X	X	X	X	X	X		X	X	X		X
Commercial - Alteration									X	X	X	X	X	X		X	X	X		X
Commercial - Demolition	X																			X
Commercial - Gas											X									X
Commercial - Swimming Pool			X							X	X					X	X			X
Industrialized Building			X	X	X		X							X		X				X
Special Inspections (as required) -																				
Shrinkswell Soil Analysis	X																	X		
Soil Bearing Capacity	X																			
Concrete Strength									X											
Weld Analysis									X											
Fastener Tensioning									X											
Air Balance																				X
Elevator			X	X		X			X	X		X				X		X		C
Amusement Devices																				X

Symbol Legend

- X = Required Inspection (Dependant on Scope of the Work)
 - X B = Required Inspection, including bonding
 - C = Required Inspection by an approved Certified Elevator Inspector
- PLEASE NOTE:**

- County stamped "Approved" plans shall be available on the job site for the inspector's use during all inspections.
1. INITIAL EROSION IS TO BE COMPLETED BEFORE FRAMING INSPECTION CAN BE PERFORMED.
 2. MUST SUBMIT SETBACK CERTIFICATION (IF REQUIRED) BEFORE FRAMING INSPECTION CAN BE PERFORMED.
 3. NO FINAL INSPECTIONS PERFORMED FOR ACCESSORY STRUCTURES (SHEDS, DETACHED GARAGES, CARPORTS, BARNS, ETC.) PRIOR TO FINAL INSPECTION ON MAIN DWELLING.
 4. ENSURE EXTERIOR LIGHTING IS DARK SKY COMPLIANT.