

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 <sup>rd</sup> 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