

The following checklist is designed to be completed at the time of application for a Building Permit for a single family residence. **Provide the information as best possible. Accuracy is important, however for review purposes, the completeness of the application will make the process quicker.**

Final review of a specific area will be performed by the appropriate staff.

- TYPE OF CONSTRUCTION:
- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Dwelling         | <input type="checkbox"/> IPR Dwelling         | <input type="checkbox"/> Replacement    |                                      |
| <input type="checkbox"/> SW Manufact Hm   | <input type="checkbox"/> DW Manufact Hm       | <input type="checkbox"/> TW Manufact Hm | <input type="checkbox"/> Replacement |
| <input type="checkbox"/> On Frame Modular | <input type="checkbox"/> Off Frame Modular    | <input type="checkbox"/> Replacement    |                                      |
| <input type="checkbox"/> Addition         | <input type="checkbox"/> Garage               | <input type="checkbox"/> Deck           | <input type="checkbox"/> Car Port    |
| <input type="checkbox"/> Pool             | <input type="checkbox"/> Utility Shed/Trailer | <input type="checkbox"/> Pier           | <input type="checkbox"/> Bulk Head   |

- \_\_\_ 1) Proof of ownership (copy of deed if purchased within the last 6 months that shows the deed book and page number in upper right hand corner or Commissioner of Revenue computer file - the Building Official's Office can obtain this file, you do not need to get it from the Commissioner of Revenue)
- \_\_\_ 2) Letter of delegation of authority to an agent if appropriate (Permission of property owner for builder/manufactured home company or property tenant to apply for permit)
- \_\_\_ 3) A plat/survey (County Clerks Office may have one on file) is necessary for site plan
- \_\_\_ 4) Accurate site plan (is proposed building location shown and it's distance from nearest property lines, as well as, any possible driveways, septic tank(s), drain field(s), well(s) and any other structures located on property)
- \_\_\_ 5) Health Department Permit OR copy of contract for hook up to county water and sewer from Public Works
- \_\_\_ 6) Contractor's information (licenses, certifications)
- \_\_\_ 7) Building Costs (**Contract Price from Licensed Contractor**, see your contractor; use permit fee schedule; manufactured and modular homes use purchase price of home plus set up fee)
- \_\_\_ 8) Accurate construction information (house plans, truss specifications (if used), footing, roof and wall details, etc. from builder, **3 sets are required**)
- \_\_\_ 9) Installation of Metal Car Ports require that you provide a specification sheet that shows the wind and snow load and anchoring of the car port.
- \_\_\_ 10) Owners/Agents certification of all documents (IE- site plan, permit application, etc.)
- \_\_\_ 11) Agreement in Lieu of Soil and Erosion Control Agreement signed
- \_\_\_ 12) Do setbacks given on application agree with the setbacks given on site plan?
- \_\_\_ 13) All required signatures of either the owner or agent
- \_\_\_ 14) Check for complete building permit application

\_\_\_\_\_  
Owner/Agent Date

Received by: \_\_\_\_\_ County Staff

**COUNTY OF CHARLES CITY, VA  
PERMIT APPLICATION & PERMIT AMENDMENT REQUEST FORM**

DEPARTMENT OF PUBLIC SAFETY & CODE COMPLIANCE  
OFFICE OF THE BUILDING OFFICIAL  
10900 COURTHOUSE ROAD  
P. O. BOX 128  
CHARLES CITY, VA 23030  
(804) 652-4727 FAX (804) 829-5819

**THIS IS NOT A BUILDING PERMIT; AND NO WORK, WHICH INCLUDES BRINGING A MANUFACTURED OR REGISTERED INDUSTRIALIZED BUILDING UNIT/DWELLING INTO CHARLES CITY COUNTY, AS WELL AS, DIGGING ANY FOOTINGS AND/OR PIER FOOTINGS; MAY BE DONE BEFORE THE PERMIT HAS BEEN ISSUED. IF WORK BEGINS BEFORE THE PERMIT HAS BEEN ISSUED, THE PERMIT FEE WILL BE DOUBLED ACCORDING TO CHARLES CITY COUNTY CODE, §8-26.**

<b>PROPERTY INFORMATION</b>	Number	Street	Apt.	Zip	Parcel Number	Zoning	Deed Book & Page OR Instrument #
	Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)			Acres	Variance: <input type="checkbox"/> Required <input type="checkbox"/> Approved # Of Existing Buildings: _____ # Of Existing Dwellings: _____
<input checked="" type="checkbox"/> <b>Permit Holder</b>	<b>Name (Fill In Property Owner Even If Not Permit Holder)</b>		<b>MAILING ADDRESS - Number, Street, City, St and Zip Code</b>		<b>Phone</b>		<b>Work/Cell</b>
<input type="checkbox"/> <b>PROPERTY OWNER</b>	Company						<b>FAX</b>
	Last	First					
<input type="checkbox"/> <b>APPLICANT</b>	Company						
	Last	First					
<input type="checkbox"/> <b>ARCHITECT</b>	Company						
	Last	First					
<input type="checkbox"/> <b>CONTRACTOR</b>	Company						
	Last	First					
License Number (ex - 2701-12345)		Expiration Date		Classifications <input type="checkbox"/> BLD <input type="checkbox"/> ELE <input type="checkbox"/> H/H <input type="checkbox"/> HVA <input type="checkbox"/> PLB <input type="checkbox"/> AES <input type="checkbox"/> ALS <input type="checkbox"/> ASB <input type="checkbox"/> BEC <input type="checkbox"/> BRK <input type="checkbox"/> BSC <input type="checkbox"/> CEM <input type="checkbox"/> CIC <input type="checkbox"/> EEC <input type="checkbox"/> EMC <input type="checkbox"/> ENV <input type="checkbox"/> FAS <input type="checkbox"/> FIC <input type="checkbox"/> FSP <input type="checkbox"/> GFC <input type="checkbox"/> HIC <input type="checkbox"/> ISC <input type="checkbox"/> LAC <input type="checkbox"/> LSC <input type="checkbox"/> LPG <input type="checkbox"/> MBC <input type="checkbox"/> MCC <input type="checkbox"/> MSC <input type="checkbox"/> NGF <input type="checkbox"/> PAF <input type="checkbox"/> PES <input type="checkbox"/> POL <input type="checkbox"/> PTC <input type="checkbox"/> REF <input type="checkbox"/> RFC <input type="checkbox"/> RMC <input type="checkbox"/> ROC <input type="checkbox"/> SDS <input type="checkbox"/> SPR <input type="checkbox"/> VCC <input type="checkbox"/> WWP			
Class (ex - A, B, C)							
<b>MECHANICS LIEN AGENT</b>	Company						
	Last	First					
<b>OWNER AFFIDAVIT</b>							
<p><b>Complete this section only if you are an OWNER doing your own work, and are not subject to licensure as a contractor or subcontractor.</b></p> <p>If you are an owner and intend to do the work or subcontract the work, and Owner Affidavit is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor. Signing the Owner Affidavit, and in turn obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes. This Owner Affidavit must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with Section 54.1-111 of the Code of Virginia.</p> <p>I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.</p>							
OWNER'S SIGNATURE: _____		DATE: _____		PLEASE PRINT OWNER NAME LEGIBLY			
I, as a WITNESS, saw the owner of this property affix his/her signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the state of Virginia.		DATE: _____		PLEASE PRINT WITNESS NAME LEGIBLY			
WITNESS' SIGNATURE: _____							
<b>CERTIFICATION</b>	I hereby certify that I have the authority to make this application, that the information given is true and correct, and that the construction will conform to the regulations in the current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance and Charles City County Codes. <input type="checkbox"/> WORK HAS NOT STARTED <input type="checkbox"/> WORK HAS STARTED <input type="checkbox"/> WORK IS COMPLETED _____ - Applicant Signature						
TOTAL ASSUMED VALUE OF CONSTRUCTION INCLUDING VALUE OF MATERIALS, LABOR AND SET UP (NO LAND, WELL, OR SEPTIC): \$ _____ <b>FEES: FOR DEPARTMENT USE ONLY</b>							
Building Permit Application Number _____		2/10 <sup>max</sup>		<b>VALIDATION: FOR DEPARTMENT USE ONLY</b>			
Bldg Permit - BUDP	\$ _____	Bldg Permit Penalty - BUDPP	\$ _____	Amendment Fee - AMEND	\$ _____		
Re-Inspection - REIN	\$ _____	Re-Connect Electric - RECE	\$ _____				
Cert of Occup - OCPY	\$ _____	Temp Cert of Occup - OCPYT	\$ _____				
2% St Surcharge - STSU	\$ _____	2% State Surcharge Penalty - STSUP	\$ _____				
<b>TOTAL FEE</b>			<b>\$ _____</b>				

Briefly describe your project and the assumed value of it's parts. (i.e. - New Dwelling (\$115,000) W/24X24 Attached Garage (\$14,400) & 20X20 Rear Deck (\$4,000) }

ZONING		NO. FEET		BUILDING INFORMATION		ROOMS/ACCESSORIES		SQUARE FOOTAGE			
Frontage	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> 1 <sup>st</sup> Floor	Stories	Shed SF:						
Front Setback	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation/Repair	Bed Rooms	FIN SF:	Porch						
Rear Setback	<input type="checkbox"/> Temporary Structure		Full Baths	UNF SF:							
Left Side Setback	<b>PROPOSED USE</b>		Half Baths	<input type="checkbox"/> 2 <sup>nd</sup> Floor	<input type="checkbox"/> Front SF						
Right Side Setback	<input type="checkbox"/> Family Dwelling	<input type="checkbox"/> Single	Attached Garages	FIN SF:	<input type="checkbox"/> Side SF						
Dwelling (Main) Height	<input type="checkbox"/> Duplex/Townhouse # of Units _____		Detached Garages	UNF SF:	Deck						
Accessory Building Height	<input type="checkbox"/> Multi-Family # of Units _____		Carports	<input type="checkbox"/> 3 <sup>rd</sup> Floor	<input type="checkbox"/> Front SF						
<b>UTILITIES</b>			Fireplaces	FIN SF:	<input type="checkbox"/> Side SF						
Water	<input type="checkbox"/> County	<input type="checkbox"/> Manufactured Dwelling Unit	Decks	UNF SF:	<input type="checkbox"/> Rear SF						
Sewer	<input type="checkbox"/> County	<input type="checkbox"/> Industrialized Dwelling Unit	Porches	Basement	Swimming Pool						
Gas	<input type="checkbox"/> Va Nat'l Gas	<input type="checkbox"/> Amusement/Recreational	<input type="checkbox"/> Other	FIN SF:	<input type="checkbox"/> Above Ground						
Electric	<input type="checkbox"/> Williamsburg	<input type="checkbox"/> Educational	<input type="checkbox"/> Business/Office	UNF SF:	<input type="checkbox"/> In-Ground SF						
VA PWR inquiry #	<input type="checkbox"/> Institutional	<input type="checkbox"/> Factory/Industrial	<input type="checkbox"/> Mercantile	Garage	Other SF						
HEALTH PERMIT # - SEPTIC	<input type="checkbox"/> Storage/Utility	<input type="checkbox"/> Residential	<b>NUMBER OF RESIDENTIAL UNITS</b>	<input type="checkbox"/> ATT SF:							
HEALTH PERMIT # - WELL				<input type="checkbox"/> DET SF:							
				<input type="checkbox"/> BASEMENT SF:							
				Carport SF:							
<b>Foundation Type</b>	<b>Structural Frame</b>	<b>Exterior Finish</b>	<b>Interior Finish</b>	<b>Flooring</b>	<b>Roofing</b>	<b>Heat Type</b>	<b>A/C Type</b>	<b>Fireplace(s) #</b>	<b>Chimney(s) #</b>	<b>Electricity</b>	
<input type="checkbox"/> Crawspace	<input type="checkbox"/> Steel	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Gypsum Wallboard	<input type="checkbox"/> Carpet	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Gas	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> 100 AMPS	
<input type="checkbox"/> Basement	<input type="checkbox"/> Masonry	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Central	<input type="checkbox"/> Prefab	<input type="checkbox"/> Prefab	<input type="checkbox"/> 200 AMPS	
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric	<input type="checkbox"/> Window	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry	<input type="checkbox"/> 300 AMPS	
<input type="checkbox"/> Piers	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> None	<input type="checkbox"/> Gas	<input type="checkbox"/> Gas	<input type="checkbox"/> 400 AMPS	
<input type="checkbox"/> Other	<input type="checkbox"/> Other						<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Other	
							<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<b>MANUFACTURED HOUSING UNIT*</b>											
<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple	<input type="checkbox"/> On-Frame	<input type="checkbox"/> Off-Frame	<b>TEMPORARY CERTIFICATE</b> (Maximum 2 Times Only)		<b>CERTIFICATE OF OCCUPANCY</b>				
Make:			Year:	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> 1 <sup>st</sup> 60 Day Request	/ /	(Date Requested)	<input type="checkbox"/> Existing Structure, No Change in Use			
Model:			Size:	Width X Length	<input type="checkbox"/> 2 <sup>nd</sup> 60 Day Request	/ /	(Date Requested)	<input type="checkbox"/> Existing Structure, Change in Use			
Serial #:			Purchase Price:		Check applicable box:						
Year:	<input type="checkbox"/> New <input type="checkbox"/> Used		Year:	<input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> I am the owner of record. (My name appears on the occupancy permit(s) or certificate(s) of occupancy previously issued by the department).						
Size:	Width X Length		Size:	Width X Length	<input type="checkbox"/> I am the new owner. By signing this form, I certify that ownership of this building has been legally transferred to me. (Copy of deed attached).						
Purchase Price:			Purchase Price:		<input type="checkbox"/> I am the contractor and/or designated agent. By signing this form, I certify I have permission from the owner to act on their behalf.						
SSN#:			PLUMBING		<input type="checkbox"/> I am the lessee of this building.						
DMV Customer #			<input type="checkbox"/> Water Line	<input checked="" type="checkbox"/> Sewer Line							
			Other:								
<b>ELECTRICAL</b>											
Temporary Service AMPS:	<input checked="" type="checkbox"/> Pole	<input type="checkbox"/> Underground	BTUS:		<b>MECHANICAL</b>		<b>DEMOLITION</b>				
New Service AMPS:			TONS:		Gas Logs: #	VENTED #	UNVENTED #	Dwelling			
New Service to Panel Only AMPS:					Gas Lines:	<input type="checkbox"/> INTERIOR	<input type="checkbox"/> EXTERIOR	Mobile / Manufactured / Modular Home			
Restoration of Service AMPS:					Water Heater	<input type="checkbox"/> LP GAS	<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> ELECTRIC	Temporary Closure of Fuel Storage Tanks		
Relocation of Service AMPS:					<input type="checkbox"/> OTHER						
Increase, Upgrade Service AMPS:					Storage Tank(s):	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> UNDER GROUND	Remove Underground Fuel Storage Tanks			
Sign, Exterior AMPS					VOLUME:			Remove Fuel Dispensing Pumps:			
					Elevators:	Other:		Other:			
*Manufactured Housing Unit is constructed to Federal "HUD" Standards, transportable in one or more sections, built on a permanent chassis and designed for occupancy with or without a permanent foundation, (formerly classified as mobile home, single, double or triple wide).											
**Registered Industrialized Building Unit is a combination of one or more sections, not constructed to "HUD" Standards, subject to State regulation, (Modular).											

**OWNER'S SITE PLAN CERTIFICATION**

I, \_\_\_\_\_, the owner of the property known as Parcel \_\_\_\_\_ in Charles City County, hereby state that to the best of my knowledge and ability that the attached site plan is accurate and that it meets the standards of the County Zoning Ordinance (e.g. width, area, setback, frontage, etc.) I acknowledge that if any of the dimensions, lines or other features of this sketch conflict with the dimensions, lines or other features of a plat prepared by a licensed surveyor or engineer, the latter will control.

I take full responsibility for the preparation of the attached site plan including dimensions of the parcel, and the sitting of any and all structures. Should additional information require any action to bring the lot and any uses on that lot into conformity with the Ordinances of the County, I will take such action.

SIGNED \_\_\_\_\_, OWNER

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**CERTIFICATION OF AGENCY**

I, \_\_\_\_\_, the owner of the above property, do hereby appoint \_\_\_\_\_, as my agent for a building permit and any other necessary permits on said property.

SIGNED \_\_\_\_\_, OWNER

DATE \_\_\_\_\_



COUNTY OF CHARLES CITY, VA

CHARLES CITY COUNTY DEPARTMENT OF DEVELOPMENT  
10900 COURTHOUSE ROAD  
CHARLES CITY, VIRGINIA 23030  
804-652-4707



**Agreement in Lieu of Erosion and Sediment Control Plan - Single Family Home**

Tax Map Parcel Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

In lieu of submitting an erosion and sediment control plan for the construction of a single family dwelling, the Owner/Agent whose signature appears below does hereby agree to install reasonable environmental controls to prevent soil erosion and to control sediment runoff. As a minimum measures are: 1) all bare areas on the lot shall be stabilized within seven days of final grading with permanent vegetation or a protective ground cover suitable for the time of year; and, 2) All entrance locations to the public traveled way shall also be covered with stone sufficient in thickness, width and length to prevent mud and other debris from being carried from the lot to the public roadway. 3 Silt fencing may be required to control runoff of solids.

No approval for a permanent certificate of occupancy will be granted until the entire site is stabilized with either sustainable vegetation or a suitable protective ground cover (as determined by the Program Administrator for Charles City County). Approval for a Temporary Certificate may be granted at the owner/agents request but will be limited to an initial sixty (60) day period. A second temporary certificate of occupancy may be requested for an additional sixty (60) days if the site is not stabilized. Failure to meet this time limit could result in legal action. A permanent certificate of occupancy shall be required to be in place at the end of this 120 day period, if the site stabilization is not achieved. The owner shall then convert this "agreement in lieu of plan" to an Erosion and Sediment Control Plan. This change will consist of providing surety in the dollar amount necessary and reasonable to reclaim the site. The owner/agent will then be issued a soil and erosion control permit. Release of this surety to the property owner once adequate site stabilization is achieved will occur within 60 days of the owner's request.

The County Soil Erosion and Sediment Control Program Administrator shall have unaccompanied access as to enter upon the property to insure that such standards are satisfied.

Responsible Land Disturber/Certification Number \_\_\_\_\_

Signed (Agent/Owner) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved By: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_



COUNTY OF CHARLES CITY, VA

CHARLES CITY COUNTY DEPARTMENT OF DEVELOPMENT
10900 COURTHOUSE ROAD
CHARLES CITY, VIRGINIA 23030
804-652-4707

MINIMUM STANDARDS FOR CERTIFICATE OF OCCUPANCY FOR SINGLE FAMILY RESIDENCE

Tax Map Parcel Number: \_\_\_\_\_

Building Permit Number \_\_\_\_\_

Phone \_\_\_\_\_

- 1 Is final lot grading complete? Does lot drain away from House foundation at a rate of at least 6 inches per first 10 feet from foundation line?
2 Is lot stabilized within seven days of final grading with permanent vegetation suitable for the climate and soils conditions? And/Or,
3 Protective ground cover suitable for the time of year been installed? Protective ground cover in nearly all instances in the County has been limited to the appropriate seeding and mulching of all areas. Standards are:
a) Mulch if hay or straw @ 80 to 100 pounds (1.5 to 2 bales) of clean weed free straw spread uniformly throughout each 1000 square foot of bare soil area,. Straw is to be crimped to hold it to place.
b) Seed application for perennial grasses per 1000 square foot are: Fescue @ 4-6 pounds; Perennial Rye @ 3 to 5 pounds; Bermuda grass (hulled) @ 1 - 1.5 pounds
c) Nurse crop of annual species per acre are could include Annual rye in cooler months and Millet in the warmer season. Specific rates are available from the Virginia Erosion and Sediment Control Handbook 1992.
4 Is access road stabilized appropriately with commercial grade aggregate at the entrance? And, is full length of driveway appropriately stabilized with gravel and drainage installed?
5 Are all Building permit conditions satisfied as detailed by Development Department?

Signed (Agent/Owner) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved By: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_