APPLICATION FOR BUILDING, ZONING AND SEPTIC TANK PERMITS
AMELIA COUNTY BUILDING INSPECTIONS

P.O. BOX A AMELIA, VA 23002 804-561-3039

USBC Code Edition: _____ **Permit Number:** _____

Date of Application: _____ **Residential** _____ **Commercial** _____

Nature of Work: **Septic** **New Construction** **Renovation** **Demolition** **Locate Manufactured Home**

Applicant:_____

Property Owner(s): If different from applicant:_____

Applicant Address: _____ Site Address:_____

_____ _____

Applicant Ph #: _____ Email Address: _____

THIS SECTION TO BE COMPLETED BY COUNTY STAFF

ZONING: While the Amelia County Department of Planning tries to assure that front, side and rear-yard setback requirements are met, the builder is legally and financially responsible to meet these conditions.

Tax Map Section _____ Lot #: _____ Acreage:_____State Route: _____ Zoning Dist: _____

Is there currently a dwelling on the property? Y/N_____(If yes, Habitable Y/N_____) Sanitary Dist? Y/N ____ Flood Plain?_____

Proposed Use:_____ Subdivision:_____

Required Set Backs: Front:_____ ft. Sides: R:_____ ft. L:_____ft. Rear:_____ft. Hgt:_____ ft.

Proposed Set Backs: Front:_____ ft. Sides: R:_____ ft. L:_____ft. Rear:_____ft. Hgt:_____ ft.

Please Note: Accessory structures shall be no taller than main building in height on lots less than 10 acres.

I certify that the above statements are true and correct to the best of my knowledge and I have read and understand the requirements of this zoning district.

_____ _____ _____

Applicant Signature Printed Name Date

ZONING APPROVAL

Date Approved:_____
Under provisions of the Amelia County Zoning Ordinance as Amended

_____
Zoning Administrator

AMELIA SANITARY DISTRICT

Date Approved: _____
Under provisions of the Amelia County Zoning Ordinance as Amended

_____
Director of Public Works

BUILDING PERMIT APPROVAL

Date Approved:_____
Under provisions of the Amelia County Building Ordinance as Amended

_____
Building Official

Proffers: Y/N____ ***Amt: $_____*** ***Date Proffers Paid _____*** ***Entered in Permit Y/N____*** ***Zoning Log Y/N____***

SEPTIC TANK PERMIT: Permit for the septic tank and approval of location of well must be obtained from the Amelia County Health Department prior to construction beginning.

***** It is the responsibility of the applicant to have all utilities/services (public & private) located and to meet setback requirements of said items. *****

Health Permit No.:_____

Number of Bedrooms: _____ Water: (Check One) Public Private Well Sewage: (Check One) Public Private

Lot approved for septic tank Y/N ____ Date Approved:_____ Expiration Date: _____

SAP Approval Date: _____

NOTE: If public water or sewer, a walkover is required by the Amelia Sanitary District prior to issuance of a Building Permit.
CHECK EACH PERMIT FOR WHICH APPLICATION IS BEING MADE AND PROVIDE REQUESTED INFORMATION

Single Family Frame Dwell **Manufactured Home** (includes CrossMod) **Modular Home** **Accessory Building/Garage** **Addition**
Tent **Demolition**

2nd Floor Y/N___ Finished Unfinished
Basement Y/N___ Finished Unfinished
Garage Y/N___ Attached Detached
Carport Y/N____ Attached Detached
Storage Shed Y/N___ Attached Detached
Crawl Space Y/N___ Conditioned Unconditioned

Front Porch: _____ X _____ ft. Total S. F. _____
Rear Porch: _____ X _____ ft. Total S.F._____
Deck: _____ X _____ ft. Total S.F._____

Value of Building or Work $_____ Total Square Feet_____

Manufactured Home: Single-Wide Double-Wide Year:_____ Length:_____ Width:_____
Porches: #____ Size: _____ X _____ ft. Deck(s): #_____ Size:_____ X _____ ft. Total Square Feet:_____

Commercial: Type of work _____ Work Value: $_____ Total Square Feet # _____
Stories: _____ Occupant Load:_____ Use Group: _____ Alarm System: Y/N_____ Sprinklers: Y/N _____
Sign Type _____ Size _____ Location _____ Lighted Y/N _____
***** Required Approved Zoning Sign Permit #** _____

Swimming Pool: In ground Y/N _____ Size _____ Diving Board Y/N _____
Above Ground Y/N_____ Size _____ Height above highest ground level _____
Value: $ _____ **Type of Barrier:** _____

All swimming pool applications shall be submitted with a plan of compliance for the requirements of Appendix G *Barrier Requirements for Private Swimming Pools, Spas and Hot Tubs* of the One & Two Family Dwelling Code (text available upon request).
***** Barrier Requirement is required in ALL zoning districts and must be met in order to schedule Final inspection. *****

Renovation Work (Select all that apply to the right)

Use
- Single Family Dwelling
- Multiple Family Dwelling
- Two Family Dwelling
- Commercial

General Construction
- Footings
- Foundation
- Walls
- Floors
- Roofing
- Commercial

Mechanical
- Electric
- Plumbing
- HVAC
- Gas

Describe Work: **Value of Work $_____**

MECHANICS LIEN AGENT: (*One and two family dwellings only*)
I request the following mechanics lien agent be listed on my permit. I decline to use a mechanics lien agent

Name:_____ Phone: _____
Address:_____

CONTRACTOR **Proof of valid Contractor & Business License must be provided at time of application**

Name: _____
Full Address:_____
State License No._____ Class:____ Specialty Class:_____ Exp Date:_____Verified_____
** Business License - Locality _____ #_____ Expiration Date:_____ Verified _____
(Provide your locality B.L. information or Amelia County B.L. in above space.
Phone _____Email Address:_____

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

Applicant is: Building Owner Tenant Owner's Agent Contractor Contractor's Agent

_____ _____ _____ _____
Signature Printed Name Phone Number Date

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 Contractor's Exemption Affidavit.

PERMIT FEES

Base Fee:	**Paid Stamp**
Sq. Ft. (*Cost Calculated Below)*	
Sub Total: (BDPERM)	
2% State Levy: (BDPESC)	
Proffers: (BDPROF)	
Total Permit Fee:	

WATER/SEWER

Private Septic Admin Fee: (BDSEPT)	**Paid Stamp**
Date Admin Fee Paid:	
Public Water: (WCFR or WCFC)	
Public Sewer: (SDCONN)	
Public Water/Sewer Application Fee: (APPS&W)	
Total Water/Sewer Fee:	

OTHER FEES	**Paid Stamp**
For:	
State Levy (if appl)	
Total Other Fee	

SQUARE FOOT CALCULATIONS BELOW (apply to Sq Ft Permit Fee above)

IN ACCORDANCE WITH THE STORMWATER MANAGEMENT REGULATIONS

THAT WERE IMPLEMENTED ON JULY 1, 2014, I HEREBY CERTIFY

THAT LESS THAN A TOTAL OF 10,000 SF OF LAND WILL BE DISTURBED FOR THIS PROJECT.

SIGNATURE: _____

DATE: _____

AMELIA COUNTY STORMWATER MANAGEMENT PROGRAM APPROVAL

Under provisions of the Amelia County Stormwater Management Ordinance approved April 2014.

_____ _____

Stormwater Management Official Date Approved