

**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) 629-5819

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.

PROPERTY INFORMATION	Number	Street	Apt.	Parcel Number	Zoning	Deed Book & Page OR Instrument #
	Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <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"/> Permit Holder	Name (Fill In Property Owner Even If Not Permit Holder) MAILING ADDRESS - Number, Street, City, St and Zip Code Phone Work/Cell FAX					
<input type="checkbox"/> PROPERTY OWNER	Company					
	Last	First				
<input type="checkbox"/> APPLICANT	Company					
	Last	First				
<input type="checkbox"/> ARCHITECT	Company					
	Last	First				
<input type="checkbox"/> CONTRACTOR	Company					
	Last	First				
	License Number (ex - 2701-12345)		Expiration Date			
	Class (ex - A, B, C)		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			
MECHANICS LIEN AGENT	Company					
	Last	First				

OWNER AFFIDAVIT

Complete this section only if you are an OWNER doing your own work, and are not subject to licensure as a contractor or subcontractor.

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.

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.

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.

WITNESS' SIGNATURE: _____ DATE: _____ PLEASE PRINT WITNESS NAME LEGIBLY

CERTIFICATION

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. WORK HAS NOT STARTED WORK HAS STARTED WORK IS COMPLETED

_____/_____/_____ - Applicant Signature

_____/_____/_____ - Application Date

VALIDATION: FOR DEPARTMENT USE ONLY

TOTAL ASSUMED VALUE OF CONSTRUCTION INCLUDING VALUE OF MATERIALS, LABOR AND SET UP (NO LAND, WELL, OR SEPTIC): \$ _____

FEES: FOR DEPARTMENT USE ONLY

Building Permit Application Number _____ 2/10^{max}

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% SI Surcharge - STSU \$ _____ 2% State Surcharge Penalty - STSUP \$ _____

TOTAL FEE \$ _____

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	Stories	<input type="checkbox"/> 1 st Floor	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	PROPOSED USE		Half Baths	<input type="checkbox"/> 2 nd 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"/> Rear 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 rd Floor							
UTILITIES		<input type="checkbox"/> Manufactured Dwelling Unit	Fireplaces	FIN SF:	<input type="checkbox"/> Front SF						
Water	<input type="checkbox"/> County	<input type="checkbox"/> Industrialized Dwelling Unit	Decks	UNF SF:	<input type="checkbox"/> Side SF						
Sewer	<input type="checkbox"/> County	<input type="checkbox"/> Other	Porches	FIN SF:	<input type="checkbox"/> Rear SF						
Gas	<input type="checkbox"/> Va Nat'l Gas	<input type="checkbox"/> Business/Office	Amusement/Recreational	UNF SF:	Swimming Pool						
Electric	<input type="checkbox"/> Williamsburg	<input type="checkbox"/> Factory/Industrial	Assembly	UNF SF:	<input type="checkbox"/> Above Ground						
VA PWR Inquiry #	<input type="checkbox"/> Institutional	<input type="checkbox"/> Mercantile	Educational	Garage	<input type="checkbox"/> In-Ground SF						
HEALTH PERMIT # - SEPTIC	<input type="checkbox"/> Storage/Utility	<input type="checkbox"/> Residential	Institutional	<input type="checkbox"/> ATT SF:	Other SF						
HEALTH PERMIT # - WELL	NUMBER OF RESIDENTIAL UNITS		<input type="checkbox"/> Residential	<input type="checkbox"/> DET SF:							
				<input type="checkbox"/> BASEMENT SF:							
				Carport SF:							
Foundation Type		Exterior Finish	Exterior Walls	Interior Finish	Flooring	Roofing	Heat Type	A/C Type	Fireplace(s) #	Chimney(s) #	Electricity
<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Steel	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Steel	<input type="checkbox"/> Gypsum	<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"/> Masonry	<input type="checkbox"/> Wallboard	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Prefab	<input type="checkbox"/> Prefab	<input type="checkbox"/> Masonry	<input type="checkbox"/> 200 AMPS
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry	<input type="checkbox"/> Gas	<input type="checkbox"/> 300 AMPS
<input type="checkbox"/> Piers	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Gas	<input type="checkbox"/> Gas	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> 400 AMPS
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other					<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Other	<input type="checkbox"/> _____ AMPS
REGISTERED INDUSTRIALIZED BLDG UNIT**											
<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple	<input type="checkbox"/> On-Frame	<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> Off-Frame					
Make:			Make:				<input type="checkbox"/> 1 st 60 Day Request	/ /	(Date Requested)	TEMPORARY CERTIFICATE	CERTIFICATE OF OCCUPANCY
Model:			Model:				<input type="checkbox"/> 2 nd 60 Day Request	/ /	(Date Requested)	(Maximum 2 Times Only)	<input type="checkbox"/> Existing Structure, No Change in Use
Serial #:			DHCD#				Check applicable box:				<input type="checkbox"/> Existing Structure, Change in Use
Year:	<input type="checkbox"/> New	<input type="checkbox"/> Used	Year:	<input type="checkbox"/> New	<input type="checkbox"/> Used		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		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:				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#:			Water Line	<input checked="" type="checkbox"/>	Sewer Line		I am the lessee of this building.				
DMV Customer #			Other:								
MANUFACTURED HOUSING UNIT*											
ELECTRICAL											
Temporary Service AMPS:	<input checked="" type="checkbox"/>	Pole	Central A/C Unit(s):	BTUS:	VENTED #	UNVENTED	DEMOLITION				
New Service AMPS:		Underground	Heat Pump(s):	TONS:	<input type="checkbox"/> INTERIOR	<input type="checkbox"/> EXTERIOR	Dwelling	Mobile / Manufactured / Modular Home			
New Service to Panel Only AMPS:			Woodstove(s):		<input type="checkbox"/> LP GAS	<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> ELECTRIC	Temporary Closure of Fuel Storage Tanks			
Restoration of Service AMPS:			Chimney(s):	Flue(s):				Remove Underground Fuel Storage Tanks			
Relocation of Service AMPS			Relining Chimney Flues:					Remove Fuel Dispensing Pumps:			
Increase, Upgrade Service AMPS:			Fire Alarm System					Other:			
Sign, Exterior AMPS			Fire Suppression System								
			Fuel Dispensing Pumps								
*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).											