

# THE COUNTY OF CAROLINE, VIRGINIA

## DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

233 W. Broaddus Avenue / P.O. Box 424, Bowling Green, VA 22427  
 Phone: (804)633-4303 Fax: (804) 633-1766  
[www.visitcaroline.com/planning.html](http://www.visitcaroline.com/planning.html)

### APPLICATION FOR BUILDING, EROSION & SEDIMENT CONTROL, ZONING, AND OPEN BURN PERMITS

Application Date: \_\_\_\_\_

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

<b>Deposit</b>	<b>Type:</b>	<b>Amount: \$</b>	<b>DH#:</b>
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Application is hereby made for a Building, Erosion & Sediment and Zoning Permit in accordance with the description and for the purpose set forth herein. This application is made subject to all County and State laws and regulations, which are hereby agreed to by the undersigned and which shall be a condition of this permit.

**ALL APPLICABLE INFORMATION MUST BE COMPLETED OR APPLICATION WILL BE RETURNED. (Please Print)**

PLEASE CHECK PERMIT TYPE/ TYPES	<input type="checkbox"/> Building Permit	<input type="checkbox"/> Zoning Permit	<input type="checkbox"/> Land Disturbing	<input type="checkbox"/> Open Burn	
Check all that apply	<input type="checkbox"/> SFD	<input type="checkbox"/> Addition	<input type="checkbox"/> Amendment	<input type="checkbox"/> Family Apartment	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Residential	<input type="checkbox"/> Acc. Structure	<input type="checkbox"/> Alteration	<input type="checkbox"/> Cell Tower	<input type="checkbox"/> Demolition	<input type="checkbox"/> Zoning Only
<input type="checkbox"/> Commercial	<input type="checkbox"/> Change in Use	<input type="checkbox"/> Temp. Use	<input type="checkbox"/> Sign	<input type="checkbox"/> Courtesy	<input type="checkbox"/> Other

<b>Owner Information</b>	Name _____	Daytime Telephone No. _____
	Mailing Address _____	
	_____	
	E-mail Address _____	Fax Number _____

<b>Builder/ Applicant</b>	Name _____	Telephone No. _____
	Mailing Address _____	
	_____	
	E-mail Address _____	Fax Number _____

<b>Property Information</b>	Address / Directions _____	
	Tax Map ID # _____	Area (in acres or sq. ft.) _____
	Subdivision _____	Lot # _____ Block _____ Section _____
	Current Deed Book/Page # _____	Election District _____
	Existing Use of Property _____	Other existing structures _____
	Existing structures to be removed _____	Type _____
	If constructing a new dwelling, are there any other dwellings on the parcel? _____ If yes, how many? _____	

**PLEASE FILL IN ALL AREAS RELEVANT TO THE PERMIT BEING REQUESTED**

<b>Building Use</b>	_____ <b>No. of Rooms</b> _____	_____ <b>No. of Bedrooms</b> _____	_____ <b>Stories</b> _____
<b>Use Group</b>	_____ <b>Occupant Load</b> _____	_____ <b>Overall Height of Structure</b> _____	
<b>Water / Sewer</b>	<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Existing</b> <input type="checkbox"/> <b>Private/Well</b> <input type="checkbox"/> <b>Public Utilities</b> <b>Health Permit No.</b> _____		

<b>Construction</b>	<input type="checkbox"/> Framed	<input type="checkbox"/> Modular	<input type="checkbox"/> SWMH	<input type="checkbox"/> DWMH	<input type="checkbox"/> TWMH	YEAR _____
<b>Foundation</b>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Formed Concrete	<input type="checkbox"/> Treated Wood	<input type="checkbox"/> Pre-Cast Concrete	<input type="checkbox"/> On Frame	<input type="checkbox"/> Off Frame
<b>Square Footage</b>	1 <sup>st</sup> floor sq. ft. _____		2 <sup>nd</sup> floor sq. ft. _____		Total sq. ft. _____	
<b>Basement</b>	<input type="checkbox"/> Finished	Sq. ft. _____	<input type="checkbox"/> Unfinished	Sq. ft. _____	<input type="checkbox"/> Partial	<input type="checkbox"/> Crawlspace
<b>Walls</b>	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Masonry Bearing	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other _____	
<b>Exterior</b>	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Stone	<input type="checkbox"/> Other
<b>Roof</b>	<input type="checkbox"/> Manufactured Trusses		<input type="checkbox"/> Field Frame		<input type="checkbox"/> Other _____	

<b>Garage</b>	<input type="checkbox"/> Detached	<input type="checkbox"/> Attached	Length _____	Width _____	Sq. ft. _____
<b>Porch</b>	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length _____	Width _____	Sq. ft. _____
<b>Deck</b>	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length _____	Width _____	Sq. ft. _____
<b>Ramp</b>	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length _____	Width _____	Sq. ft. _____
<b>Shed</b>	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length _____	Width _____	Sq. ft. _____
<b>Carport</b>	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length _____	Width _____	Sq. ft. _____

<b>Electrical</b>	Amps _____	Disconnect <input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Temporary	
<b>Mechanical</b>	Type Heat _____	Fuel Type _____	<input type="checkbox"/> Replacement	<input type="checkbox"/> Hood		
<b>Fireplace</b>	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Chimney	<input type="checkbox"/> Flue
<b>Plumbing</b>	Full Bath # _____	Half Bath# _____	<input type="checkbox"/> Replace well	<input type="checkbox"/> Repairs		
<b>Water Heater</b>	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	<input type="checkbox"/> Replacement		
<b>Tank / Gas lines</b>	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Above ground	<input type="checkbox"/> Underground		
<b>Generator</b>	Type _____	Fuel Source _____	<input type="checkbox"/> Permanent	<input type="checkbox"/> Portable		

<b>Sign</b>	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Attached to Bldg.	<input type="checkbox"/> Illuminated	Size _____
<b>Alarms / Amusements</b>	Type _____	No. _____		
<b>Tent</b>	Size _____	Occupant Load _____	<input type="checkbox"/> Cooking	

<b>Open Burning Permit</b>	<b>Means of Extinguishment :</b>	<input type="checkbox"/> Garden hose & hand tools	<input type="checkbox"/> Heavy Equipment
	<input type="checkbox"/> Other _____		

<b>Additional Information:</b>	

Estimated Cost of Work to be Performed \$ _____ (Required Information for ALL permits)
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**Note: This Page is for office use only – Please fill in all required signatures on LAST PAGE of application.**

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
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REQUIRED SIGNATURES
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Zoning Fees	
Site Plan Review	
Proffers	

E & S Fees	
E & S Bond	

Plan Review	
Permit Fees	
Garage	
Porch	
Deck	
Ramp	
Shed	
Carport	
Electrical	
Mechanical	
Fireplace	
Plumbing	
Tank / Line	
Generator	
Alarm	
Fire Suppression	
Hood	
Amusements	
Sign	
Demolition	
Tent	
Amendment	
Post Construction	
Other	

Sub Total	
2% State Levy	
<b>TOTAL FEES</b>	

<b>Property Zoned as:</b>				
Rezoning / Special Exception #			Proffers / Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation Analysis Zone:				
Census Tract:				
Flood Hazard District <input type="checkbox"/> Yes <input type="checkbox"/> No F.I.R.M No.				
Setbacks: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corner Lot				
Front	Proposed		Required	
Back	Proposed		Required	
Right	Proposed		Required	
Left	Proposed		Required	
Comments:				

<b>Zoning Administrator</b>	<b>Date</b>
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Chesapeake Bay District: <input type="checkbox"/> None <input type="checkbox"/> RMA <input type="checkbox"/> RPA	
RLD	RLD No.:
Bond required at issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bond Amount: \$
Notes:	

<b>Environmental Planner</b>	<b>Date</b>
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Comments:

<b>Building Official</b>	<b>Date</b>
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