

**Caroline County Department of Planning & Community Development**

233 W. Broaddus Avenue  
Bowling Green, Virginia 22427  
804-633-4303 phone  
804-633-1766 fax  
[www.co.caroline.va.us](http://www.co.caroline.va.us)



# Agricultural Structure Application Packet

## Contents:

1. Checklist
2. Building Permit Application
3. Agricultural Affidavit
4. Contractor Affidavit

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### **Application Check List for Agricultural Structures**

- Permit Application (complete only the areas pertaining to what you are doing).
- Two Copies of a site plan ***drawn to scale*** showing where the proposed agricultural structure will be located and all other existing structures with the distances from **all** property lines and structures.
- A signed copy of the Agricultural Affidavit.
- A \$75.00 Deposit shall be payable when application is submitted. The deposit will be credited to the total cost calculated for the permits.

Signature of Owner/Applicant: \_\_\_\_\_

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

### **Incomplete applications will not be accepted.**

### **The permit process does not begin until a completed application is received.**

- \* For septic/drainfield information, please call the Environmental Health Dept. 804.633.6237, Ext. 215
- \* To obtain a copy of your plat, visit the Circuit Court Clerk's Office at 123 N. Main Street, Bowling Green, VA 22427
- \* Call Miss Utility 48 hours prior to digging if new footers are required 1-800-552-7001



**THE COUNTY OF CAROLINE, VIRGINIA**  
**DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT**  
 233 W. Broaddus Avenue, Bowling Green, VA 22427  
 Phone: (804)633-4303 Fax: (804) 633-1766  
 co.caroline.va.us/266/Planning-Department

**APPLICATION FOR BUILDING, EROSION & SEDIMENT CONTROL AND ZONING PERMITS**

**Application Date:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_

<b>Permit Type:</b>	_____		
<b>Deposit Type:</b>	_____	<b>Amount: \$</b>	<b>DH#:</b>

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)**

Residential    
  Commercial    
  Building Permit    
  Zoning Permit    
  Land Disturbing

**Owner Information**

Name \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Builder/Applicant**

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

same as owner

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

**Property Information**

Address / Directions \_\_\_\_\_

Tax Map ID # \_\_\_\_\_ Area (in acres or sq. ft.) \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_

Current Deed Book/Page # \_\_\_\_\_ Election District \_\_\_\_\_

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

**Building Use** \_\_\_\_\_ **No. of Rooms** \_\_\_\_\_ **No. of Bedrooms** \_\_\_\_\_ **Stories** \_\_\_\_\_  
**Use Group** \_\_\_\_\_ **Occupant Load** \_\_\_\_\_ **Overall Height of Structure** \_\_\_\_\_  
**Water / Sewer**    Existing    Public Utilities    Septic / Well   **Health Permit No.** \_\_\_\_\_

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

**Permit Type:**

<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>Other</b>	_____
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<b>Additional Information:</b>

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

RESIDENTIAL     COMMERCIAL

**REQUIRED SIGNATURES**

Plan Review	
Permit Fees	
Garage	
Porch	
Deck	
Ramp	
Shed	
Carport	
Electrical	
Mechanical	
Fireplace	
Plumbing	
Generator	
Other:	
Amendment	
Post Construction	
Building Sub Total	
2% State Levy	
<b>Building Total</b>	

Zoning Fees	
Site Plan Review	
Proffers	
911 Address	
<b>Zoning Total</b>	

<b>E &amp; S Fees</b>	
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Other	
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<b>TOTAL FEES</b>	
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<b>Property Zoned as:</b>		<b>Permit Type:</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>
Chesapeake Bay District: <input type="checkbox"/> None <input type="checkbox"/> RMA <input type="checkbox"/> RPA	
RLD	VSMP Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Bond required at issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No    Bond Amount: \$	
Notes:	

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

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mechanic Lien Agent** \_\_\_\_\_  
 Name Telephone No.

Not Designated \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

General Contractor / Subcontractor Information	State Contractor's License No.	State Tradesman Certification No.	Caroline County Business License No.

I certify that all licenses and certifications required by the State of Virginia and the County of Caroline are current at the time of application. Please notify this office immediately of any changes to the above-noted subcontractors. A complete list of subcontractors will be submitted before Rough-ins.

\_\_\_\_\_  
**Print Name Contractor Signature Date**

ALL BUILDERS OR OWNER-DEVELOPERS THAT CONTRACT TO BUILD FOR OTHERS ON PROPERTY THAT THE BUILDER OR OWNER-DEVELOPER OWNS, MUST BE LICENSED UNDER THE PROVISIONS OF § 54.1-1100 CODE OF VIRGINIA

**Owner's Affidavit** (Acting as contractor) I, \_\_\_\_\_, affirm that I am the owner of a certain tract or parcel of land located at: \_\_\_\_\_ and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of §54.1-1100 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor. I also affirm that I will be responsible for meeting the code standards.

I further affirm that I will:  reside in this house for at least 24 months  
 give this house to an immediate family member and they will live in this house for at least 24 months  
 Other (Explain) \_\_\_\_\_

\_\_\_\_\_  
 Owner's signature Staff or Notary signature

Signed and acknowledged by \_\_\_\_\_ in the city or county of \_\_\_\_\_, of Virginia on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. In the presence of the undersigned witness. Notary No. \_\_\_\_\_ Expires: \_\_\_\_\_

**\*\* Signature must be witnessed in office – otherwise signature needs to be notarized.**

**Applicant Certification**

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings, and that all construction will conform with all applicable state and county laws, ordinances and regulations with regard to zoning, health and building. Failure to do so shall automatically render this permit invalid. I understand that construction requires a building permit issued by the Caroline County Building Official. I understand that construction must commence within 6 months of the issuance of this permit or the permit is rendered void, subsequent inspections must comply with Section 110.6 (Abandonment of Work) of the Uniform Statewide Building Code. I further understand that the land may not be used or occupied, and buildings structurally altered or erected may not be used or changed in use, until the Certificate of Occupancy is issued. All open burns shall be in accordance with Chapter 72 of the Code of Caroline County.

**Revocation of Permit:** The code official may revoke a permit or approval issued under the provisions of the USBC in case of any false statement, misrepresentation of fact or incorrect information supplied by the applicant in the application or construction documents on which the permit or approval was based.

\_\_\_\_\_  
**Please Print name Owner or Applicant Signature Date**

## County of Caroline

Kevin R. Wightman, CBO  
Department of Building Inspections  
233 West Broaddus Street  
Bowling Green, Virginia 22427  
(804) 633-4303 Main / (804) 633-1766 Fax



## MEMORANDUM

FROM: Kevin R. Wightman, CBO  
Caroline County Building Official

SUBJECT: Scheduling Inspections & Roster of Sub-Contractors

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### **Please take note of our inspection scheduling process:**

To schedule inspections, please call 804-633-9896 **before 2:00 p.m.** to schedule for the following work day.

We do not schedule times. If you need to coordinate a time you will need to leave a message for the building inspectors to return a call to you.

It is recommended for you to call directly to the building inspectors before 7:30 a.m. on the day of your inspection to get an ESTIMATE on your inspection time.

Inspector's direct lines: (804) 633-4098 – John Snyder, CBO  
(804) 633-0823 – Don Robinson Jr., CBO

### **FOR SINGLE FAMILY DWELLING PERMITS:**

A **Roster of Sub-Contractors** must be submitted to this office on the day prior to scheduling of the Rough-in inspections. The roster must be complete and **all licenses** must be valid for the Rough-in inspection to be performed.

This may be faxed to (804) 633-1766 or emailed to:

[rbradford@co.caroline.va.us](mailto:rbradford@co.caroline.va.us) or [mblanton@co.caroline.va.us](mailto:mblanton@co.caroline.va.us)

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**AFFIDAVIT OF AGRICULTURAL AND/OR FORESTAL USE**

I, \_\_\_\_\_ do hereby affirm and state that:

1. I have personal knowledge of the facts herein.
2. I own or have a possessory interest in \_\_\_\_\_ acres of real property (hereinafter referred to as the "Property") in the County of Caroline:

Map Parcel Number \_\_\_\_\_

Location or Address \_\_\_\_\_

3. I own or possess and operate the Property for agricultural and/or forestal use.
4. I intend to construct a building, structure, or other development that would otherwise require a permit (hereinafter referred to as the "Structure") for the exclusive purpose of supporting the agricultural and/or forestal use on the Property and therefore seek a waiver of fees as permitted by the Code of Caroline County. By exclusive use I understand and agree that the structure may be only used for the following purposes:

*A structure utilized to store farm implements, hay, feed, grain or other agricultural or horticultural products or to house poultry, livestock or other farm animals. Such structure shall not include habitable or occupiable spaces, spaces in which agricultural products are processed, treated or packaged, nor shall an agricultural building be a place of occupancy for human habitation.*

5. I understand and agree that if prior to completion of the Structure, the Structure is no longer used exclusively to support the agricultural and/or forestal use on the Property, I must immediately inform the Caroline County Department of Planning and Community Development of such circumstance and submit plans, acquire permits for the change of use and pay the appropriate fees as set forth by the Code of Caroline County.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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NOTE: THIS DOCUMENT CONTAINS IMPORTANT INFORMATION CONCERNING THE VIRGINIA CONTRACTOR'S LICENSING LAW. PLEASE READ CAREFULLY BEFORE SIGNING.

## CONTRACTOR AFFIDAVIT

I \_\_\_\_\_ of \_\_\_\_\_ (mailing address)  
Affirm that I am the contractor for the owner of a certain tract or parcel of land located in the County of Caroline at \_\_\_\_\_ and that I have applied for a building permit to erect a structure on said land or repair or improve an existing structure on said land.

***I affirm that I am aware of the provisions of Title 54.1, Chapter 11, of the Code of Virginia that requires a contractor to be properly licensed before he may bid or undertake contracting work of \$1,000 or more. I further certify that I am familiar with the responsibilities of an awarding authority specified in Section 54.1111 of the Code which prohibits any awarding authority from issuing permits or allowing the issuance of such permits to any contractor not properly licensed under the provisions of the Code, and that to do so would constitute the commission of a misdemeanor.***

I affirm that I am duly licensed under the terms of Title 54.1, Chapter 11, Code of Virginia to carry out or superintend this work; OR I am not subject to licensure as a contractor, subcontractor, or owner-developer pursuant to such title. I affirm that I have paid in full any license fees required by any county, city, or town so as to qualify me to bid upon or contract for the work for which this permit has been applied.

**"Class A Contractors"** perform or manage construction, removal, repair, or improvements when (i) the total value referred to in a single contract or project is \$120,000 or more, or (ii) the total value of all such construction, removal, repair, or improvements undertaken by such person within any 12-month period is \$750,000 or more.

**"Class B Contractors"** perform or manage construction, removal, or repair, or improvements when (i) the total value referred to in a single contract or project is \$10,000 or more, but less than \$120,000, or (ii) the total value of all such construction, removal, repair or improvements undertaken by such person within any 12-month period is \$150,000 or more, but less than \$750,000.

**"Class C Contractors"** perform or manage construction, removal, repair, or improvements when (i) the total value referred to in a single contract or project is over \$1,000 but less than \$10,000, or (ii) the total value of all such construction, removal, repair, or improvements undertaken by such person within any 12-month period is less than \$150,000. The Board shall require a master tradesmen license as a condition of licensure for electrical, plumbing, and heating, ventilation and air conditioning contractors.

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if the construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor/Authorized Agent

Print Name

Date