

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



Residential Accessory Structure Application Packet *(Carport, Shed, Garage, Pool)*

Contents:

1. Checklist
2. Building Permit Application
3. Contractor Affidavit
4. Required Information

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



Application Check List for Residential Accessory Permits

- Permit Application (complete only the areas pertaining to what you are doing).
- Two Copies of Building/Construction Plans or two copies of Manufacturer's Specifications with current stamps for Pre-Manufactured Structures.
- Two Copies of a site plan ***drawn to scale*** showing where the proposed accessory structure will be located and all other existing structures with the distances from **all** property lines and structures.
- A \$100.00 Plan Review 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/drain field information, please call the Environmental Health Department. 804-633-6237
- * To obtain a copy of your plat visit the Circuit Court Clerk's Office. 123 N. Main Street, Bowling Green.



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: _____

| | | | |
|----------------------|-------|-------------------|-------------|
| Permit Type: | _____ | | |
| Deposit Type: | _____ | Amount: \$ | DH#: |

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:

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

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

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

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

| | |
|--------------|-------|
| Other | _____ |
|--------------|-------|

| |
|--------------------------------|
| Additional Information: |
| |
| |
| |

| |
|---|
| Estimated Cost of Work to be Performed \$ _____ (Required Information for ALL permits) |
|---|

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 | |
| Building Total | |

| | |
|---------------------|--|
| Zoning Fees | |
| Site Plan Review | |
| Proffers | |
| 911 Address | |
| Zoning Total | |

| | |
|-----------------------|--|
| E & S Fees | |
|-----------------------|--|

| | |
|-------|--|
| Other | |
|-------|--|

| | |
|-------------------|--|
| TOTAL FEES | |
|-------------------|--|

| | | | | |
|---|----------|--|----------|-------------------------------------|
| Property Zoned as: | | Permit Type: | | |
| 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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|--|-------------|
| Zoning Administrator | Date |
| 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: | |
| | |
| | |
| | |

| | |
|------------------------------|-------------|
| Environmental Planner | Date |
| 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** _____

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



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

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



REQUIRED INFORMATION

1. Call Miss Utility 48 hours prior to digging if new footers are required. 1-800-552-7001
2. Footing plan showing all pier/beams and indicate the size and location of rebar if required.
3. Foundation plan showing the size and location of any reinforcement required.
4. Specify the size, spacing, and location of all floor joists, beams, headers, rafters & ceiling joists. Show all window/door sizes and locations.
5. If using engineered wood products, (i.e. TGI's, LVL's, floor and/or roof trusses), provide a layout and shop drawings. The stamped set of drawings shall be maintained on the job site for all inspections.
6. Provide a wall section view with exterior elevations for the entire structure.
7. Approved Plans must remain on the job site at all times until a final inspection has been passed.
8. Plans may be hand drawn, but must include the items listed and be as detailed as possible.
9. Pre-manufactured Structures require Manufacturer's Specifications with current stamps.
10. For septic/drain field information, please call the Environmental Health Department. 804-633-6237
11. To obtain a copy of your plat visit the Circuit Court Clerk's Office. 123 N. Main Street, Bowling Green.

*These are general guidelines to help you meet the codes enforced in Caroline County. These are the minimum ratings and specifications acceptable.