

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



Commercial Building Application Packet

Contents:

1. Commercial Project Checklist
2. Building Permit Application
3. Contractor Affidavit

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Application Check List for a Commercial Building Permit

- | Complete | N/A | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Contact office for Major/Minor Site Plan requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Contact Public Utilities and/or Health Department for water/sewer requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete the Permit Application (complete only the areas pertaining to project). |
| <input type="checkbox"/> | <input type="checkbox"/> | General Contractor’s State of Virginia and Caroline County Business Licenses.
Sub-Contractors typically are required to pull own permits and are also required to have VA and Caroline County licenses |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide Two Copies of Building/Construction Plans with valid Engineers Seal. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide Approved Third Party Inspector information if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide Copy of Special Inspections Letter, Geotechnical Report or other applicable reports |
| <input type="checkbox"/> | <input type="checkbox"/> | A \$500.00 Plan Review Deposit for a Commercial Building shall be payable when application is submitted. The deposit will be credited to the total cost calculated for the permits. |

Other documentation may be required. Please contact the Department of Planning and Community Development staff for assistance.

Signature of Owner/Applicant: _____

Date: _____

Incomplete applications will not be accepted.

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

** Please contact the Virginia Department of Transportation offices (540-899-4447) or Ladysmith (804-448-2580) to obtain a Land Use Permit before installing any entrance off of VDOT maintained road. VDOT will require #21A or #21B stone at entrance before releasing Land Use Permit. Contact VDOT as to size of culvert needed for entrance. VDOT recommends concrete culverts be installed because of the frequent damage done to galvanized and plastic culverts.

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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



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	_____
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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** _____

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Signature of Contractor/Authorized Agent

Print Name

Date