

Buckingham County Building Permit Checklist

2018 Virginia Construction Code Effective July 1, 2022

The following items can be submitted to the Building Inspector's Office

@13380 W. James Anderson Hwy. Buckingham, VA 23921 or via email to any of the following:

Lexi Baird- Permit Technician: (434)969-4242 ext. 2 lbaird@buckinghamcounty.virginia.gov

Thomas W. Ranson- Building Official: (434)969-4243 transon@buckinghamcounty.virginia.gov

Nicci Edmondston- Zoning Administrator: (434) 969-4242 ext. 3 nedmondston@buckinghamcounty.virginia.gov

Instructions in this Order:

1. Complete Building/ Zoning Permit Application (Pages 3-6)
 - a. Take Zoning Approved Application to Health Department to apply for Well/ Septic Permit.
2. Well/Septic Permit from Health Department (434-969-4244)
3. Driveway Entrance Permit from VDOT (800-367-7623)
4. Mechanic's Lien Agent name and address **if applicable*
5. Copy of Contractor's License performing work
6. Copy of floor plans to include but not limited to: footing/foundation design; exterior wall design; electrical with lighting fixtures and receptacles; HVAC design with Manual J & Manual S (HVAC design does not apply to manufactured or modular homes)

Before a Certificate of Occupancy can be issued, the following items must be on file:

- A passing final inspection
 - Completion statement from Health Department for Well/Septic: *GW2 Form, As Built Sketch + Water Test*
 - Bacterial Water Test
 - Duct Leakage Affidavit- *Code Section N1103.2 (R403.3.3) **
 - Blower Test- *Code Section N1102.4.1.2 (R402.4.1.2) **
- *Only Applies to Stick built and Modular*

Inspections Required

Please Note—Power company is notified after Building Inspector returns to his office following the inspection.

For a Singlewide / Doublewide / On-Frame Modular:

- Footers (18" below grade)
- Block / Strap / Tie-down/ Marriage Wall
- Early Electrical Service (optional)
- Final inspection (includes all porches/ decks, life safety aspects) well & septic completion statement & water sample test

For an Off-Frame Modular:

- Footers (18" below grade)
- Sill Plate
- Marriage Wall
- Early Electrical Service (Optional)
- Final inspection (includes all porches/ decks, life safety aspects) well & septic completion statement & water sample test

For a Stick Built Dwelling:

- ___ Footers (18" below grade)
- ___ Under slab (for homes with basements + conditioned crawl space)
- ___ Rough-in inspections (framing & exterior veneer inspection, electrical, plumbing, mechanical, HVAC duct joints)
- ___ Insulation
- ___ Final inspection (includes all life safety codes) well & septic completion statement & water sample test

Directions

Directions to site where work is being performed shall begin from the Buckingham County Administration Building (13380 W James Anderson Hwy. Buckingham, VA 23921)

The yellow permit card shall be displayed at the job site or where it is visible from the VDOT highway.

Buckingham County Zoning / Building Permit Application

*Application is hereby made for a permit: (1) to erect/alter a structure, as shown herein or located as shown in accompanying plans; (2) change the use of a structure or parcel; or (3) to clear/fill or grade land subject to Buckingham County's Erosion & Sediment Control Ordinance. The information which follows is part of this application. It will be relied upon for the issuance of a Building Permit and/or Certificate of Occupancy. It is understood and agreed by this applicant that any error, misstatement, or misrepresentation, either with or without intent on behalf of the applicant, such as might, or would operate to cause disapproval of this application, shall constitute sufficient grounds for revocations of permit. A copy of the plat and site plan shall accompany this application (unless for the purpose of perk test only). Please see attached Building Permit Checklist for more information regarding the building permit process. *There is a \$10.00 fee required for zoning permit approval. **

Name On Permit (Print): _____

Address: _____

City, State, Zip: _____ **Phone Number:** _____

Email: _____

Landowner (Print): _____

Address: _____

City, State, Zip: _____ **Phone Number:** _____

Directions to Site (Please See Guidelines—Page 2):

Will you become a new resident to Buckingham County? YES NO

Tax Map Number: _____ # Acres: _____ Zoning District: _____

Is this a Subdivision? If yes, provide Subdivision name: _____

Magisterial District: _____ Flood District: _____ DBIZ: _____

If yes to DBIZ then, I understand what a DBIZ is and that the Peter Francisco S&WCD will be notified:

Initial: _____ Date: _____

UTILITIES:

- Will the intended/altered structure have plumbing? YES NO

If Applicable to Project:

Water: Existing New N/A **If New:** Public Private

Septic: Existing New N/A **If New:** Public Private

- Will The Intended/Altered Structure Have Electricity? Yes No

Power Company: Dominion Central VA Southside Elec AEP

Classification Of Work (Please Select One Category):

- Addition
- Alteration (Remodel)
- New Construction
- Temporary Structure
- Other Specify: _____

Nature Of Work (Please Select One Description):

Addition/Remodel--Residential:

- Addition—Living Space
- Addition—Porch/Deck
- Remodel

Dwelling—New:

- Apartment Building
- New Dwelling—Stick built
- Mobile Home—Singlewide (SW)
- Mobile Home--Doublewide (DW)
- Mobile Home—Triple wide (TW)
- Modular Unit

Dwelling—Replace:

- Replace SW with SW
- Replace SW with DW
- Replace SW with Modular
- Replace SW with Stick built
- Replace DW with SW
- Replace DW with DW
- Replace DW with MODULAR
- Replace DW with STICK BUILT
- Replace STICK BUILT with _____

Commercial:

- New Commercial Construction
- Addition--Commercial
- Remodel—Commercial

CHURCH:

- Church Construction
- Church Construction (Sanctuary only)

Carport/Garage:

- Carport
Attached / Detached (CIRCLE ONE)
- Garage
Attached / Detached (CIRCLE ONE)
- Garage with living space above
Attached / Detached (CIRCLE ONE)

Shelter/Storage:

- Farm Use Building **Must Complete Farm Building Structure Affidavit**
- Mobile Home—Workshop/Storage
- Pavilion
- Shed (Between 257 – 599 sq. ft.)
 - Site Built
 - Pre-Fabricated
- Shed (600 sq. ft. or more)
 - Site Built
 - Pre-Fabricated

Swimming Pool:

- In-Ground Pool
- Aboveground Pool

Miscellaneous/Other:

- Demolition
 - Residential Commercial
- Electrical
- Mechanical
- Plumbing
- Sewer—Commercial
- Sewer—Residential
- Install Aboveground Storage Tank
- Underground Storage Tank
 - Install / Remove (CIRCLE ONE)
 - If Installing Storage Tank
- What Product? _____

Other (With description of work to be completed): _____

Of New Bedrooms: _____

Square Footage of Structure with Dimensions:

Basement: _____ 1st Floor: _____ 2nd Floor: _____

Attic/Loft: _____ Porch: _____ Deck: _____ Garage: _____

OTHER(Specify): _____

Number of Feet from Structure to Property Lines:

FRONT: _____ BACK: _____ SIDE: _____ SIDE: _____

Estimated Cost of Construction: _____

Other Structures:

- Number of dwellings currently on site: _____
- Number of pre-existing bedrooms: _____
- List any other structures currently on site:

If A New Dwelling Is Replacing A Dwelling Currently On The Property (If Applicable): Please supply the following information, concerning the dwelling that is being replaced:

- What type of dwelling is being replaced? (singlewide, doublewide, modular, stick built):

- How many bedrooms? _____
- If SW, DW, or modular, provide serial number: _____
- Year: _____ Make: _____ Length: _____ Width: _____
- What will happen to the structure being replaced? Be Specific: _____
- Name of company/individual buyer who will be taking the structure:

Is There a Mechanic's Lien Agent? () Yes () No

If Yes, Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Print / Sign:

By Signing, I Do Hereby Certify That the Information Given in This Application Is Correct & True.

Landowner(Print): _____ Date: _____

Landowner (Sign): _____ Date: _____

Applicant(S) (Print): _____ Date: _____

Applicant(S) (Sign): _____ Date: _____

**Please note a copy of the Power of Attorney can be accepted in place of landowner signature.*

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OFFICE USE ONLY

Zoning-----

Taxes checked: Paid Owed

Upon review, permit: Approved Conditional Approval Denied

Other Comments:

Zoning Administrator's Signature: _____ Date: _____

Building Inspections-----

Taxes checked: Paid Owed

Additional documentation:

Copy of plans: Received N/A

VDOT approval: Received N/A

VDH approval: Received N/A

Permit Technician's Signature: _____ Date: _____