

CENTRAL PERMITTING APPLICATION

APPLICATION

**PLEASE CIRCLE ONE:
RESIDENTIAL OR NON-RESIDENTIAL**

Applicant's Name _____ Company Name _____
 Address _____ City, State, Zip Code _____
 Phone No. _____ Email _____
 Property Owner(s) Name(s) _____ Address _____
 City, State, Zip Code _____ Phone No. _____
 Project Address (if different) _____

Is this application for NEW CONSTRUCTION? Yes _____ No _____

- What is the total square footage of disturbed area for the project? _____
- What is the proposed height of the structure? _____
- What is the square footage of structure/addition? _____

Is this application for an EXISTING STRUCTURE? Yes _____ No _____

Is this application for a business? Yes _____ No _____

- Proposed Business Name: _____
- Total square footage of structure: _____ Operating hours: _____ to _____
- How many employees? _____ How many commercial vehicles? _____
- Will your business have a sign? Yes _____ No _____ If yes, what type? _____

(Additional permits will be required for any signs)

Utilities (check all that apply): Public Water _____ Private Well _____ Public Sewer _____ Private Septic _____

- If the proposed work consists of an addition or structure designed for human occupancy or if the location of the well, septic or drainfield is unknown, an approved Health Department Application for site improvement must be provided at the time of submission.
- Is this application in response to a violation? Yes _____ No _____
- Provide a **detailed** description of project:

I, the undersigned applicant, certify that this application is complete, accurate and contains all required and requested information, documents and other submittals, and that all statements made herein are, to the best of my knowledge, true and correct. I further certify that I have exercised due diligence to obtain the most recent, complete and correct information available.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Received By: _____
 Date received: _____
 Municipality: _____
 Zoning District: _____
 Subdivision: _____
 Tax Map #: _____

Health Department: Yes _____ No _____
 Building Permit: Yes _____ No _____
 Storm Water: Yes _____ No _____
 Ches Bay: Yes _____ No _____
 RPA: Yes _____ No _____
 HARC: Yes _____ No _____
 Reviewer: _____ Approved: _____

Manufactured (Double or Single Wide) Home Required Information

Two copies of the following are required to accompany the completed application

Zoning Permit or Waiver	
Site Plan ⁽¹⁾	
Private Sewage Disposal System Permit ⁽¹⁾	
Water &/or Sewer Tap Fee receipt ⁽¹⁾	
Skirting Detail	
Construction Details for Decks & Porches ⁽³⁾	

Set-up/Installation Manual with, but not limited to, the following

Manufacturer's Footing Detail ⁽²⁾⁽⁴⁾	
Manufacturer's Foundation Plan ⁽²⁾⁽⁴⁾	
Anchorage Detail ⁽²⁾⁽⁴⁾	
All applicable pages tabbed and highlighted ⁽⁴⁾	
Marriage Wall/Connection Details ⁽²⁾⁽⁴⁾	

I _____ hereby certify all documents indicated above are included with this application. I understand that these documents need to be on the jobsite when calling for an inspection or I will be assessed a \$125 re-inspection fee that shall be paid prior to any re-inspection being performed.

Signature: _____

Date: _____

NOTES:

- (1) May not be required in Manufactured Home Park
- (2) For used units where the required information is not available or cannot be provided by the manufacturer, a design by a Virginia licensed engineer will be required.
- (3) See "Typical Deck Details" hand-out DCA-6
- (4) In lieu of a full second (2nd) installation manual, applicant may provide copies of all applicable pages



Local Roots, Global Reach

ISLE OF WIGHT COUNTY, VIRGINIA

DEPARTMENT OF INSPECTIONS

AFFIDAVIT OF LICENSURE EXEMPTION AND COMPLIANCE WITH UNIFORM STATEWIDE BUILDING CODE

STATE OF VIRGINIA

CITY/COUNTY OF _____; TO-WIT:

This __ day of _____, 20__ personally appeared before me, _____, a Notary Public of and for the City/County aforesaid, in the State of Virginia, _____, who being duly sworn states as follows:

1. I hereby affirm that I am not subject to licensure as a contractor or subcontractor as required by Section 54.1-1101 of the Code of Virginia (1950, as amended).
2. I assume full responsibility for completion of the proposed building/construction work to be performed at _____, which is owned by me in fee simple, in accordance with all applicable building codes and laws applicable to said work (the "Project").
3. I acknowledge and understand that it is a violation of the laws of the Commonwealth of Virginia to knowingly hire an unlicensed contractor to perform any or all work associated with this Project.
4. I hereby indicate my intention to serve as my own general contractor, thereby assuming full responsibility for the work performed for the Project and insuring that all work performed shall meet all applicable Isle of Wight County ordinances and/or the Uniform Statewide Building Code.
5. In the event any contractor employed by me fails to complete the work assigned to him/her, or which is defective for any reason, I assume full responsibility for the completion of the work and/or correction of the work before the issuance of a Certificate of Occupancy.

Signature

Subscribed and sworn to before me this __ day of _____, 20__.

My Commission Expires: _____
Notary Public

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www.co.isle-of-wight.va.us