

# Attention Owners and Contractors

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On January 3, 2007 the Goochland County Board of Supervisors approved a resolution suspending the issuance of building permits for new residential construction if the sewage disposal system approved by the State Health Department is an *Alternative Sewage Disposal System*.

Alternative systems are:

Fixed-media Filter Systems-  
Peat-based  
Textile Filter Fixed Media  
Attached Growth Treatment Systems  
“Mound” Systems

Aerobic Treatment Units (ATU's)

Systems utilizing physical, chemical and biological technology to achieve desired results

The purpose of the adopted resolution is to allow the County, in concert with the State Health Department, time to analyze the failures of alternative systems and to recommend policies and regulations for the Board of Supervisors to consider concerning these systems. This resolution is in effect until the Department of Community Development can recommend appropriate policies, procedures and regulations so that public health, safety and fiduciary interests are adequately addressed. The resolution will be in effect for no more than one year but the goal is to be able to rescind the resolution much sooner.

Accordingly, building permits for new residential construction supported by approved health permits for alternative systems will be placed on hold.

Alternative systems for repairs of existing sewage disposal systems and for commercial construction are not affected by this resolution.

# BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department

P.O. Box 119

Goochland, VA 23063

(804)556-5305 Fax (804)556-5651 TDD (804)556-5300

Application Date:  
Tax Map Number:  
GPIN Number:  
Permit Number:  
Fee:  
Issue Date:

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER  
INFORMATION

SITE ADDRESS		DISTRICT
OWNER		PHONE #
ADDRESS		

USE COMPLIANCE  
REQUIREMENTS

PROPOSED USE	CURRENT USE	EXISTING BUILDINGS ON PROPERTY	
PROPOSED OCCUPANT LOAD	LOT SIZE	COMMERCIAL USE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUBDIVISION	Proffer Y/N	Amount:	Date Paid:
NEW STREET ADDRESS			ZONING DISTRICT
FRONT SETBACK	CENTER LINE SETBACK	REAR SETBACK	C.U. PERMIT
SIDE SETBACK			VARIANCE
SIDE SETBACK	SIDE SETBACK	CENSUS TRACK	FLOOD ZONE
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

This application requires 2 copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: \_\_\_\_\_

CONTRACTOR  
INFORMATION

CONTRACTOR	PHONE
ADDRESS	
CONTRACTOR LICENSE NUMBER	TYPE
EXPIRATION	

DESCRIPTION  
OF WORK

SCOPE OF WORK	
CONSTRUCTION TYPE:	
SEWER PUBLIC / PRIVATE	WATER PUBLIC / PRIVATE
ADDING ADDITION ADDING KITCHEN ADDING BEDROOMS	
# OF FLOORS	TOTAL SQ. FT.
FINISHED SQ. FT.	
UNFINISHED SQ. FT.	
# OF BEDROOMS	
# OF BATHROOMS	
USE FOR FARM USE EXEMPTION	
ACREAGE	
FULL HALF	

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

## VALUE OF STRUCTURE

BUILDING	
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*Excludes All Trades Permits*

PERMIT FEE SCHEDULE: Residential fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above \$4000 \$4.50 per \$1000 of Assessed value. Add 1.75% state levy to fee.  
Commercial fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above \$4000 \$7.50 per \$1000 of assessed value. Add 1.75% state levy to fee.

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: \_\_\_\_\_

### LIEN AGENT INFORMATION

Please check one of the following:

- ☐ I do not wish to designate a mechanic's lien agent and that for the purpose of Section 38.88.01 of the Code of Virginia, this building permit shall be a "NONE DESIGNATED" permit.
- ☐ I hereby request that the following mechanic's lien agent be listed as part of my building permit:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**IN LIEU OF AN EROSION AND SEDIMENT CONTROL PLAN FOR A SINGLE FAMILY RESIDENCE  
A STONE DRIVE-WAY MUST BE INSTALLED BEFORE ANY CONSTRUCTION IS TO BEGIN.**

### OWNERS AFFIDAVIT

I \_\_\_\_\_ OF (address) \_\_\_\_\_ 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 NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR  
SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA. \_\_\_\_\_ OWNER

SIGNED AND ACKNOWLEDGED BY \_\_\_\_\_ IN THE CITY OR COUNTY  
OF \_\_\_\_\_ VIRGINIA ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ IN THE  
PRESENCE OF THE UNDERSIGNED NOTARY. MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
(NOTARY)

ISSUANCE OF THIS BUILDING PERMIT DOES NOT CONSTITUTE AN APPROVAL OF SOIL CONDITIONS OR SITE  
SUITABILITY BY THE COUNTY. THE APPLICANT IS RESPONSIBLE FOR CONDUCTING ANY SOIL TESTS OR ENGINEERING  
TESTS APPLICANT DEEMS NECESSARY TO IDENTIFY AREAS CONTAINING SHRINK-SWELL SOIL OR GEOLOGICAL  
CONDITIONS.

### APPLICANT SIGNATURE

AS THE PROPERTY OWNER(S) ON WHICH YOUR BUILDING OR STRUCTURE IS TO BE LOCATED, YOU ARE RESPONSIBLE  
FOR LOCATING YOUR PROPERTY LINES TO ASSURE THAT THE COUNTY SET-BACK LINES WILL NOT BE VIOLATED. IF YOU ARE  
NOT ABSOLUTELY CERTAIN AS TO THE EXACT LOCATION OF YOUR PROPERTY LINES, IT IS STRONGLY RECOMMENDED  
THAT YOU OBTAIN THE SERVICES OF A SURVEYOR TO DO SO. IF YOU ARE MISTAKEN REGARDING YOUR PROPERTY LINE  
LOCATIONS AND VIOLATE THE SET-BACK LINE REQUIREMENTS, YOU MAY BE FORCED TO MOVE YOUR BUILDING AND  
STRUCTURE AT YOUR OWN EXPENSE.

I (WE) HEREBY ACKNOWLEDGE RECEIPT OF THIS NOTICE AND ASSUME ALL RISKS REGARDING PROPERTY LINE  
LOCATIONS IN THE EVENT I (WE) DECIDE NOT TO OBTAIN A SURVEY OF MY PROPERTY LINES.

DATE \_\_\_\_\_

DATE \_\_\_\_\_

### ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA  
S36.99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTIONS 105.10 AND 121.1.1.

OWNER \_\_\_\_\_

USE _____	USE TYPE CODE _____	CONSTRUCTION TYPE _____	OCCUPANT LOAD _____
APPROVAL _____	DATE _____		
Code Official			