



RESIDENTIAL PERMIT APPLICATION CHECKLIST

1. Approved Water Supply and/or Sewage Disposal System Construction Permit from the Health Department.
2. Three (3) sets of plot plans drawn to scale, which include:
 - A. Lot and house dimensions
 - B. Location of the dwelling on the lot (show distance to front, side and rear property lines).
 - C. Location of easement, private well and drainfield if County utilities are not provided.
3. Three (3) sets of structural plans, which include:
 - A. Footing and foundation design.
 - B. Sizes and span of all structural lumber (e.g. floor joist, rafters, girders, etc.).
 - C. Room sizes, floor area, and finished floor area.
 - D. Stair details.
 - E. Floor plan and wall section.
 - F. Roof slopes (pitch) and truss diagram with engineer's seal (if trusses are to used).
 - G. Window sizes.
 - H. Siding and roof covering materials.
 - I. Interior wall and ceiling finishes.
 - J. Wall, ceiling and floor insulation (R Values).
 - K. Information required by the Building Official during plan review.
4. Name, address and license number of your Contractor.
5. Accurate description of job location, including legal description (Tax Parcel Number, Lot, Block, Section Number and Subdivision Name).
6. Mechanic's Lien Agents name, address and phone number.
7. Payment of permit fee. Staff will help you calculate the permit fee if you need assistance.
8. Make sure you sign the application and provide a e-mail address, telephone or fax number where you can be reached during our regular business hours (8 a.m. to 4:30 p.m., Monday-Friday).
9. If owner is doing the work, an Owner's Affidavit is required.
10. Any permit issued shall become invalid if work on the site authorized by the permit is not commenced within six months after issuance of the permit, or if authorized work on the site is suspended or abandoned for a period of six months after the time of commencing the work.



County of Prince George
Department Of Building Inspections
P. O. Box 68, / 6602 Courts Drive
Prince George, Virginia 23875
Ph. 804-722-8659, Fax 804-722-0702

JULIE CHEVALIER WALTON
BUILDING OFFICIAL

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Where applicable, three (3) sets of plans and specifications, copy of deed and plat (with plot plan), must accompany this application. One (1) set of plans shall be retained in this office. **Separate permits are required for electric, plumbing, heating and A/C, gas and water/sewer.**

BUILDING PERMIT NO.:			
PARCEL NO.:			
DISTRICT:		MASTER PLAN NO.:	
PERMIT FEE:	STATE LEVY:	TOTAL FEE:	
COMMENTS:			

MECHANIC'S LIEN AGENT:
ADDRESS:
CITY:
STATE/ZIP CODE:
TELEPHONE NO.:

OWNER _____ PHONE NO.: _____

ADDRESS _____
(CITY) (STATE) (ZIP CODE)

CONTRACTOR _____ PHONE NO.: _____

ADDRESS _____
(CITY) (STATE) (ZIP CODE)

CONTRACTOR'S IDENTIFICATION NO.: _____ EXPIRATION DATE: _____

LOCATION OF WORK _____ SUBDIVISION _____

1 & 2 FAMILY & ACCESSORY BUILDINGS WILL BE R-5 UNLESS OTHERWISE DESIGNATED. LOT: _____ BLK: _____ SECT: _____

PROPOSED USE & TYPE OF CONSTRUCTION: _____

NEW: _____ ACCESSORY: _____ ADDITION: _____ ALTERATION: _____ OTHER: _____

TYPE OF OUTSIDE WALLS _____ NUMBER OF STORIES _____ TOTAL NO. OF RMS.(EXCEPT BATHROOMS) _____

NUMBER OF BATHROOMS _____ NUMBER OF BEDROOMS _____ CENTRAL ALARM SYSTEM _____

TYPE OF HEATING FUEL _____ NUMBER OF FIREPLACES _____ TYPE OF WATER SUPPLY _____

CENTRAL AIR CONDITIONING _____ TYPE OF SEWAGE DISPOSAL _____ GARAGE _____

BASEMENT _____ NO. OF FINISHED ROOMS IN BASEMENT _____

FINISHED SQ. FT.: _____ UNFINISHED SQ. FT.: _____ EXTERIOR SQ. FT.: _____

TOTAL SQ. FT.: _____ ESTIMATED COST OF CONSTRUCTION: \$ _____

OWNER/APPLICANT SIGNATURE _____ DATE _____

(REAR LOT LINE)



(FRONT LOT LINE)

SCALE 1" = 100'

OWNER / CONTRACTOR USE

Check here if attaching a survey marked with the existing and proposed structures for this building permit application.

(L) (R)

NOTE: Please use an existing survey plat or take accurate field measurements for the proposed setbacks. All setbacks should be taken from the closest point of the foundation to the property line. Please contact the Planning Department at (804) 722-8678 or visit our office with questions on the setbacks prior to submittal of the building permit application.

Front/Building Line: _____ Side(s): ____/____

Corner/Building Line: _____ Rear: _____

PLANNING DEPARTMENT USE ONLY

ZONING:

Any aggrieved person may appeal this decision within thirty (30) days of this date in accordance with the provisions of Virginia Code Section 15.2-2311. This decision shall be final and not appealable if not appealed within thirty (30) days.

ZONING ADMINISTRATOR / DATE



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COUNTY OF PRINCE GEORGE PLANNING AND COMMUNITY DEVELOPMENT

DIRECTOR OF PLANNING
ZONING ADMINISTRATOR
SUBDIVISION AGENT

CERTIFICATE OF ZONING COMPLIANCE

BUILDING PERMIT NUMBER: _____ PARCEL NUMBER: _____

SUBDIVISION: _____ LOT: _____ BLOCK: _____ SECTION: _____

The undersigned owner of lessee hereby applies for a Certificate of Zoning Compliance in accordance with the provisions of an ordinance adopted, commonly known as the Zoning Ordinance, for the following use, for the hereinafter described building, and hereby agrees to fully conform to all the terms of any permit which may be issued on account of the application.

It is understood that this Certificate of Zoning Compliance does not take the place of any license that may be required by law, and also it does not confer the right to install or erect any kind of signs, boilers, motors, or machinery.

Owner Name: _____ Phone/Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor Name: (if any) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone/Cell/E-Mail: _____

Proposed Use(s) : _____

(initials) I/We will not use the detached, accessory building that exceeds 1000 square feet for commercial purposes on the above stated property. A Special Exception application (\$400.00) is required through the Board of Supervisors (if approved) to operate a commercial business within such building on the premises.

I declare that the statements made and information given on this application are true, full and correct to the best of my knowledge and belief and I agree to conform fully to all terms of any certificate or permit which may be issued on account of this application.

Owner Signature Date

Contractor Signature (if any) Date

DO NOT WRITE BELOW THIS LINE

	CERTIFICATE APPROVED	REMARKS, CONDITIONS, SUGGESTIONS:
	CERTIFICATE DISAPPROVED	
DATE OF ACTION		
SIGNATURE OF ZONING ADMINISTRATOR		Any Aggrieved person may appeal this decision within thirty (30) days of this date in accordance with the provisions of Virginia Code Section 15.2 2311. This decision shall be final and not appealable if not appealed within thirty (30) days.

**Prince George County
Agreement In Lieu Of An Erosion And Sediment Control
Plan For A Single Family Residence**

Building Permit #: _____ Property PIN #: _____

Subdivision: _____ Lot # _____

Address Of Property: _____

In lieu of submission of an erosion and sediment control plan for the construction of this single family dwelling, I agree to comply with any requirements determined necessary by the Prince George County Erosion And Sediment Control Program Administrator. Such requirements shall be based on the conservation standards contained in the Prince George County Erosion And Sediment Control ordinance (Article V, Sections 10-86 through 10-110), and shall represent the minimum practices necessary to provide adequate control of erosion and sedimentation resulting from this project.

As a minimum, all denuded areas on this property shall be stabilized within 7 days of final grading with permanent vegetation or a protective ground cover suitable for the time of year. A construction entrance shall be constructed at a minimum of 10 feet wide, 30 feet long and 6 inches deep of VDOT #21B stone. Also, if during routine inspection, it is determined that additional measures need to be implemented to control erosion and sedimentation, these additional measures shall be implemented within 48 hours after inspection. These measures may include, but are not limited to, straw bales, or silt fencing. I further understand that failure to comply with such requirements within 3 working days following notice by representatives of Prince George County may result in a citation for violation of the Prince George County Erosion and Sediment Control Ordinance. A violation of this ordinance shall be deemed a misdemeanor. [Article 4, section 10-88(a). The Code Of Prince George County, Virginia].

The property owner agrees to provide the following information in the form of a narrative and a drawing to the Erosion and Sediment Control Program Administrator:

___ Drawing (ask for a Sample Drawing if needed)	___ location of improvements
___ boundary measurements	___ location of drain field, reserve site, and well
___ limits of clearing	___ indicate with arrows the slope, low side of lot
___ Resource Protection Area (RPA)	___ proposed location of silt fence, temporary
___ Resource Management Area (RMA)	___ sediment basins, construction entrance.

___ Narrative: written statement indicating a re-vegetation plan. This plan is to include a schedule of landscaping and establishment of a permanent ground cover for all areas disturbed.

** It is my understanding that this drawing and narrative does not require a stamped plan and may be prepared by me, or a consultant. In any circumstances, I take responsibility for the accuracy of the information provided.

Land Owner: (Print Clearly) _____ Phone: _____

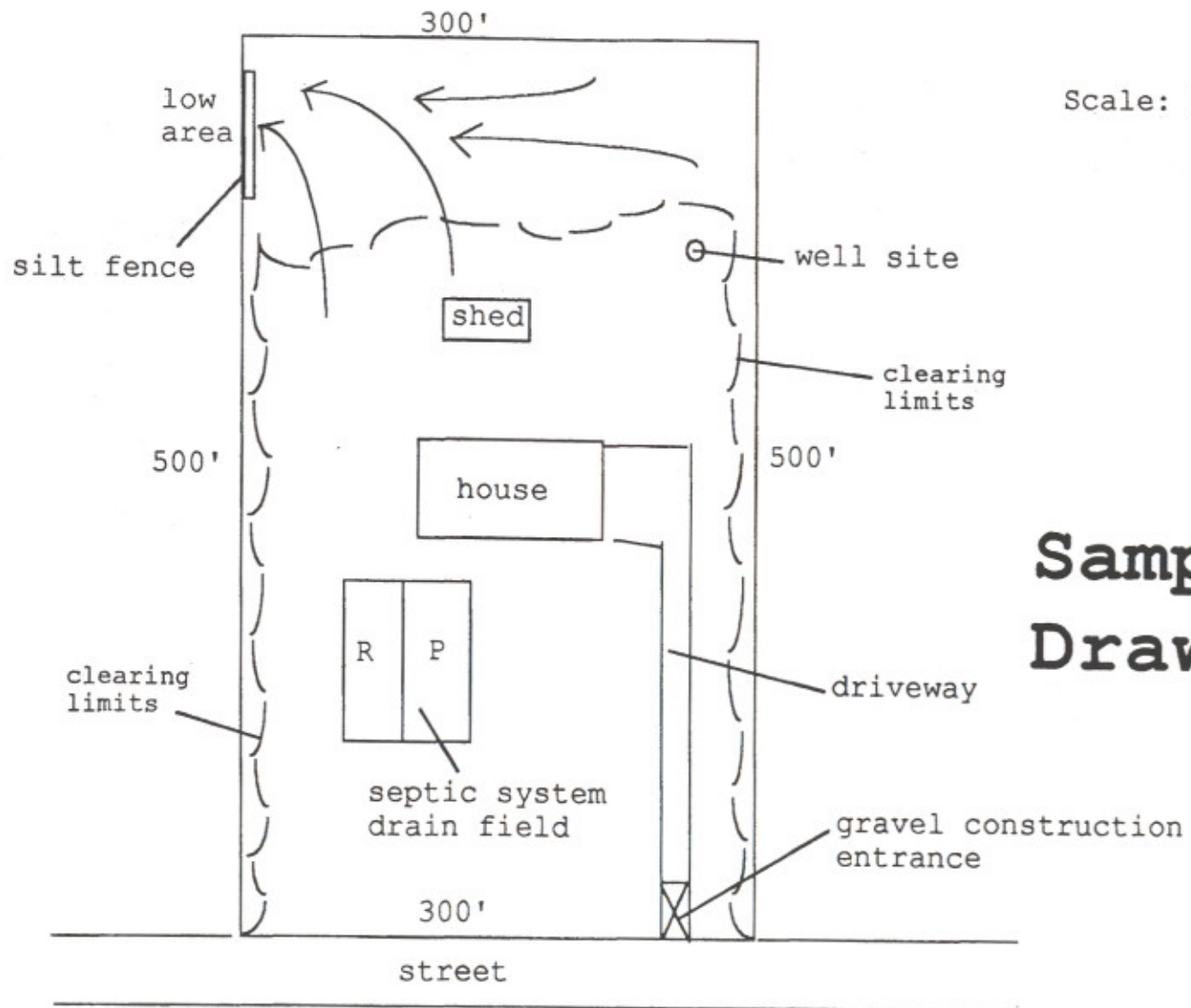
Signature: _____ Date: _____

Party Responsible for
Erosion & Sedimentation Controls

Certified Responsible Land Disturber (CRLD): _____ Phone: _____
(Clearly Print Name)

Signature: _____ Certificate Number: _____ Date: _____
(CRLD Signature)

Approved By: _____ Date: _____
(Plan Approving Authority)



Scale: 1"=100'

Sample Drawing

HEALTH DEPARTMENT APPROVAL APPLICATION

Required for all additions, detached garages, accessory structures, swimming pools, etc.

NAME: _____

PROJECT ADDRESS: _____

PARCEL NUMBER: _____

SUBDIVISION: _____ SECTION: _____ LOT: _____

PHONE NUMBER: _____

PREVIOUS OR ORIGINAL
PROPERTY OWNER: _____

APPROXIMATE DATE OF DRAINFIELD INSTALLATION: _____

PROPOSED CONSTRUCTION: _____

In the space below, please show all existing structures, proposed structure, drainfield and well locations with approximate distances between each.



FOR OFFICE USE ONLY: _____
