



APPLICATION FOR BUILDING, ZONING AND SEPTIC TANK PERMITS
AMELIA COUNTY BUILDING INSPECTIONS
 P.O. BOX A
 AMELIA, VA 23002

USBC Code Edition: _____

Date of Application: _____ Permit Number: _____

Nature of Work: Septic New Construction Renovation Demolition Locate Manufactured Home

Applicant: _____

Property Owner(s): If different from applicant: _____

Applicant Address: _____ Site Address: _____

Phone: _____ Email Address: _____

THIS SECTION TO BE COMPLETED BY COUNTY STAFF

ZONING: While the Amelia County Department of Planning tries to assure that front, side and rear-yard setback requirements are met, the builder is legally and financially responsible to meet these conditions.

Tax Map Section _____ Lot Number: _____ Acreage: _____ State Route: _____

Is there currently a dwelling on the property? Y/N _____ Sanitary District? Y/N _____ Flood Plain? _____

Zoning Classification: _____ Proposed Use: _____ Subdivision: _____

Required Set Backs: Front: _____ ft. Sides: R: _____ ft. L: _____ ft. Rear: _____ ft. Hgt: _____ ft.

Proposed Set Backs: Front: _____ ft. Sides: R: _____ ft. L: _____ ft. Rear: _____ ft. Hgt: _____ ft.

Please Note: Accessory structures shall be no taller than main building in height on lots less than 10 acres.

I certify that the above statements are true and correct to the best of my knowledge and I have read and understand the requirements of this zoning district.

 Applicant Signature Printed Name Date

ZONING APPROVAL

AMELIA SANITARY DISTRICT

BUILDING PERMIT APPROVAL

Date Approved: _____
 Under provisions of the Amelia County
 Zoning Ordinance as Amended

Date Approved: _____
 Under provisions of the Amelia County
 Zoning Ordinance as Amended

Date Approved: _____
 Under provisions of the Amelia County
 Building Ordinance as Amended

 Zoning Administrator Director of Public Works Building Official

Proffers: Y/N _____ Amount: \$ _____

SEPTIC TANK PERMIT: Permit for the septic tank and approval of location of well must be obtained from the Amelia County Health Department prior to construction beginning. It is the responsibility of the applicant to have all utilities/services located and to meet setback requirements of said items.

Health Permit No.: _____

Number of Bedrooms: _____ Water: (Check One) Public Private Well Sewage: (Check One) Public Private

Lot approved for septic tank Y/N _____ Date Approved: _____ Expiration Date: _____

SAP Approval Date: _____ Amelia County Health Department: _____

NOTE: If public water or sewer, a walkover is required by the Amelia Sanitary District prior to issuance of a Building Permit.

CHECK EACH PERMIT FOR WHICH APPLICATION IS BEING MADE AND PROVIDE REQUESTED INFORMATION

Single Family Dwelling Manufactured Home Building Value \$ _____ Total Square Feet _____
 Addition Building Value \$ _____ Total Square Feet _____
 Accessory Building Tent Building Value \$ _____ Total Square Feet _____

Second Floor Finished Unfinished Basement Y/N _____ Finished Unfinished Garage Y/N _____ Attached Detached Carport Y/N _____ Attached Detached Storage Shed Y/N _____ Attached Detached

Front Porch: _____ X _____ ft. Rear Porch: _____ X _____ ft. Deck: _____ X _____ ft.
Total S. F. _____ Total S.F. _____ Total S.F. _____
Value: _____ Value: _____ Value: _____

Single-Wide Double-Wide Manufactured Home: Year: _____ Length: _____ Width: _____
Porches: # _____ Size: _____ X _____ ft. Deck(s): # _____ Size: _____ X _____ ft. Total Square Feet: _____

Commercial: Building Value: \$ _____ Total Square Feet: _____ # Stories: _____
Occupant Load: _____ Use Group: _____ Alarm System: Y/N _____ Sprinklers: Y/N _____

Swimming Pool: In ground Y/N _____ Above Ground Y/N _____ Size: _____ Value: \$ _____

All swimming pool applications shall be submitted with a plan of compliance for the requirements of Appendix G Barrier Requirements for Private Swimming Pools, Spas and Hot Tubs of the One & Two Family Dwelling Code (text available upon request).

<input type="checkbox"/> Renovation	<u>Use</u>	<u>General Construction</u>	<u>Mechanical</u>
	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Footings	<input type="checkbox"/> Electric
	<input type="checkbox"/> Multiple Family Dwelling	<input type="checkbox"/> Foundation	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Walls	<input type="checkbox"/> HVAC
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Floors	

Describe Work: _____

MECHANICS LIEN AGENT: (One and two family dwellings only)

I request the following mechanics lien agent be listed on my permit.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

CONTRACTOR Business License verification is required

Name: _____ State License No. _____ Class: _____

Address: _____ Expiration Date: _____ Specialty Class: _____

Amelia County License #: _____ Issue Date: _____

I, the applicant, certify that I am legally authorized to make this application and that all construction will be executed in accordance with the applicable provisions of the Virginia Uniform Statewide Building Code and the Ordinances of Amelia County.

No portion of the structure executed under this permit will be used or occupied until a Final Inspection and/or Certificate of Occupancy is granted.

**** I have a valid Amelia County Business License Y N**

Applicant is: Building Owner Tenant Owner's Agent Contractor/Contractor's Agent

Signature _____ Printed Name _____ Phone Number _____ Date _____

NOTE: If the permit applicant does not hold a Contractor's license issued by the Virginia Department of Professional and Occupational Regulation, submit a notarized Contractor's Exemption Affidavit.

PERMIT FEES

Base Fee:
Sq. Ft. Cost:
Electric:
Plumbing:
HVAC
Gas
Sub Total:
2% State Levy:
E&S:
Proffers:
Total Permit Fee:

WATER/SEWER

Private Septic:
Public Water:
Public Sewer:
Public Water/Sewer Application Fee:
Total Water/Sewer Fee:

Calculations:

**IN ACCORDANCE WITH THE STORMWATER MANAGEMENT REGULATIONS
THAT WAS IMPLEMENTED ON JULY 1, 2014, I HEREBY CERTIFY
THAT LESS THAN AN ACRE OF LAND WILL BE DISTURBED FOR THIS PROJECT.**

SIGNATURE: _____

DATE: _____

AMELIA COUNTY STORMWATER MANAGEMENT PROGRAM APPROVAL

Under provisions of the Amelia County Stormwater Management Ordinance approved April 2014.

Stormwater Management Official

Date Approved