

Building Permit Paperwork for Commercial Renovation

- Tax Form**
- Zoning Approval/Town Zoning if in Incorporated**

Town

- Contractor License Information/Owner's Affidavit**
- VDOT Approval**
- Stamped/Engineered Building Plans**
- Asbestos Report may be needed if built before
January 1, 1985**
- Health Department Approval**
- Building Permit Fees**
- FEC Certificate if in a Flood Zone**
- Plans Review**
- Permit Issued**

BUILDING PERMIT APPLICATION



BUILDING AND ZONING DEPARTMENT (757) 787-5721
 COUNTY OF ACCOMACK, VIRGINIA
 23296 COURTHOUSE AVENUE, RM 105 (757) 824-5223
 P. O. BOX 93
 ACCOMACK, VIRGINIA 23301 FAX (757) 787-8948

County Use Only

Permit No. _____

Zoning: _____

Floodplain: Yes _____ No _____

Bayside _____ Seaside _____

CAPA RMA _____ RPA _____

Permit Fee: \$ _____

Paid: _____

ALL INFORMATION MUST BE PROVIDED PRIOR TO SUBMISSION - PLEASE PRINT / TYPE

PERMIT TYPE: NEW HOME/BLDG ADDITION ACCESSORY BLDG

RE ROOF SIGN DEMOLISH RENOVATION MOVE

SWIMMING POOL CHANGE OF USE OTHER _____

MANUFACTURED HOME _____ Circle One: Block Perimeter or Skirting
 (Name of Home & Year)

COMMERCIAL STRUCTURE USE GROUP _____

OWNER INFORMATION:

NAME (PLEASE PRINT) _____ PHONE NO. () - _____

MAIL ADDRESS: _____ CITY _____ STATE _____ ZIP _____

JOB LOCATION: CTM# _____ 911 ADDRESS _____

BRIEF DESCRIPTION OF WORK: _____

Building Size: ___ x ___ Height ___ Total Sq. ft. _____ Stories ___ Type of Construction _____

Where appropriate indicate: Current # of Bedrooms _____ Proposed # of Bedrooms _____ Proposed # of Bathrooms _____

Sewer Service: Public Septic Other If Other, Please Specify: _____

Water Service: Public Well Other If Other, Please Specify: _____

ESTIMATED COST OF CONSTRUCTION: \$ _____

CONTRACTOR INFORMATION: CHECK IF SAME AS APPLICANT

COMPANY NAME _____ PHONE NO. () - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

VIRGINIA CONTRACTOR LICENSE NO. _____ EXP. DATE: _____

ACCOMACK COUNTY BUSINESS LICENSE NO. _____ EXP. DATE: _____

DESIGNATED MECHANICS LIEN AGENT: NONE DESIGNATED

NAME (PLEASE PRINT) _____ PHONE NO. () - _____

MAIL ADDRESS _____ CITY _____ STATE _____ ZIP _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT IT IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

OWNER CONTRACTOR AGENT OR * IF YOU ARE THE TENANT, OWNER'S SIGNATURE IS REQUIRED, SEE BELOW

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

TENANT SIGNATURE _____ OWNER _____

White: Open BP File (By Name) Yellow: Zoning Admin. Pink: Health Dept. Gold: Assessor

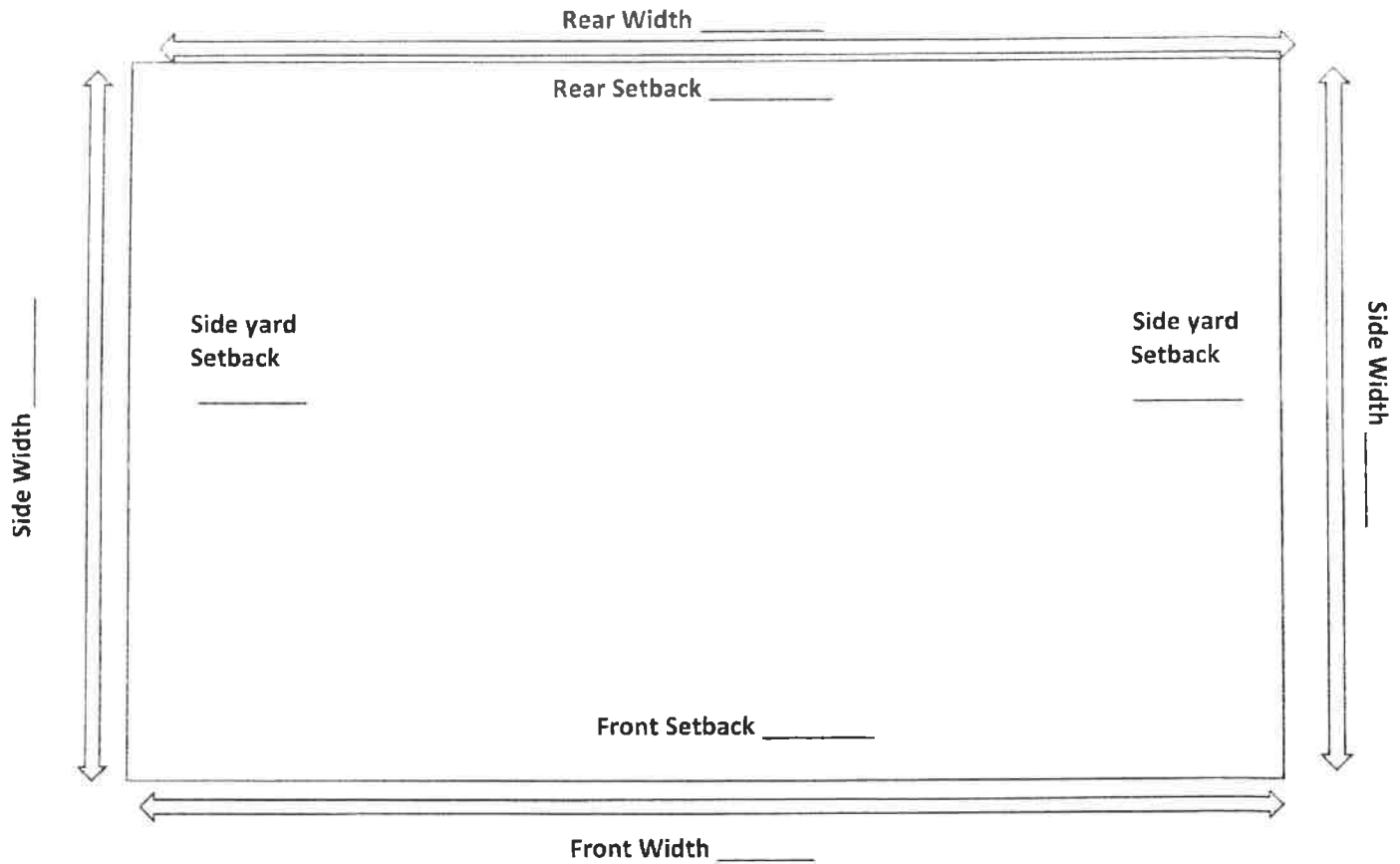
ZONING

SITE PLAN
ACCOMACK COUNTY
BUILDING & ZONING DEPARTMENT
COUNTY TAX MAP #

OWNER: _____ PHONE: () _____

MAILING ADDRESS: _____

EMAIL ADDRESS _____ PROJECT: _____



911 Street Address _____ Town _____

SUBDIVISION NAME _____ LOT # _____

HEALTH DEPARTMENT

APPROVED
 NOT APPROVED

I CERTIFY THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

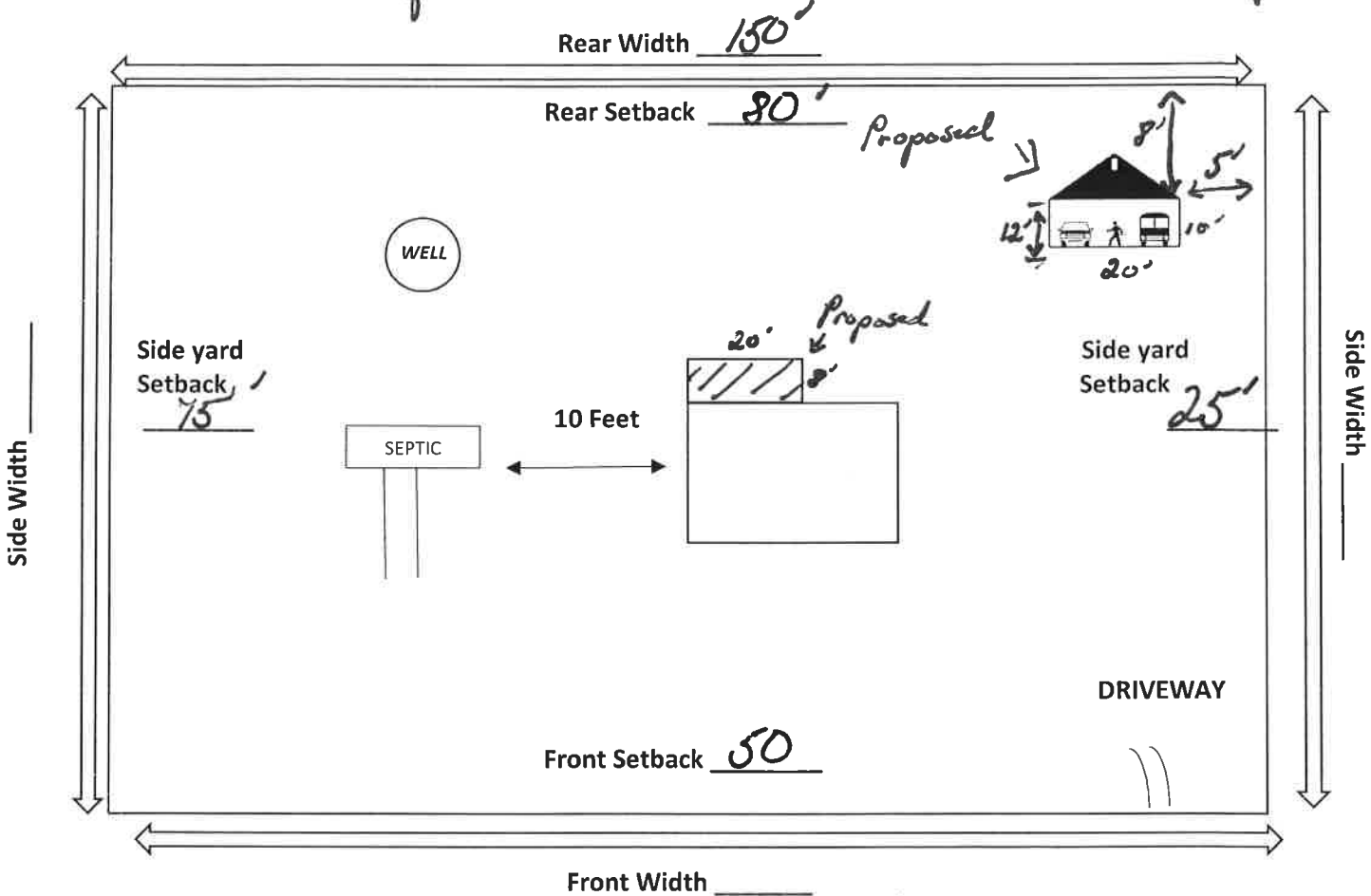
DATE: _____ APPLICANT SIGNATURE: _____

ZONING
Res

SITE PLAN
ACCOMACK COUNTY
BUILDING & ZONING DEPARTMENT
COUNTY TAX MAP #
120A - 3 - 100

EXAMPLE

OWNER: *Joe Public* PHONE: (*757*) *555-5555*
MAILING ADDRESS: *P.O. Box 123 Accomack, VA 23421*
EMAIL ADDRESS *Joe.P@gmail.com* PROJECT: *Deck addition & Garage*



911 Street Address *123 Drummond town Rd* Town *Locustville*

SUBDIVISION NAME _____ LOT # _____

HEALTH DEPARTMENT

- APPROVED
- NOT APPROVED

I CERTIFY THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

DATE: *5/23/17* APPLICANT SIGNATURE: *Joe Public*



COUNTY OF ACCOMACK

BUILDING & ZONING

23236 Courthouse Ave, Room 105 | Post Office Box 93

Accomac, VA 23301

(757) 787-5721 • FAX (757) 787-8948

www.co.accomack.va.us

Rich Morrison, Director

Mark Bowden, Building Official / Deputy Director

Affidavit

I (name), _____

Address: _____

Town: _____ State: _____ Zip Code: _____

County Tax Map #: _____

Affirm that I own the tract or parcel of land located at:

- Same as above
 The following address

Address: _____

Town: _____ State: _____ Zip Code: _____

County Tax Map #: _____

I/We have applied for a building permit and affirm that I am familiar with the pre-requisites of Section 54.1-1111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.

Acknowledged by: _____ (Affiant) in the city or county of _____ - Virginia. On the ____ date of _____, 20__, in the presence of the undersigned witness _____ (Witness).

§ 54.1-1111. Prerequisites to obtaining business license; building, etc., permit.

A. Any person applying to the building inspector or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such inspector or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement, supported by an affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.

It shall be unlawful for the building inspector or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor.



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Evidence of Payment of Delinquent Taxes

Effective April 26, 2010, prior to initiation of application for a special exception, special use permit, variance, rezoning, or other land disturbing permit, including building permits and erosion and sediment control permits, the applicant shall provide evidence of payment of any delinquent taxes on the subject property. This is in accordance with the Code of Virginia, Section 15.2-2286(B) and Accomack County Code, Section 106-239.

Please complete the following request for information and carry to the Accomack County Treasurer's Office for signature and/or evidence of payment of any delinquent taxes:

Property Owner's Name: _____

Subject Property Street Address: _____

County Tax/Parcel Number: _____

Tax Bill Number, if applicable: _____

Treasurer's Office: (757) 787-5738 or (757) 824-6451

Treasurer's Office Use Only

Account # _____

I have verified there are no delinquent taxes for the above identified property.

Signed: _____, Accomack County Treasurer's Office

Date: _____