

## **Building Permit Paperwork for Residential/Commercial Elevators**

- Tax Form**
- Building Permit**
- Zoning Approval/Town Zoning if in Incorporated  
Town**
- Contractor License Information/Owner's Affidavit**
- Health Department Approval**
- E&S Panning Approval is over 500sq ft or in RPA**
- Stamped Engineered Plans**
- Building Permit Fees**
- 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 \_\_\_\_\_

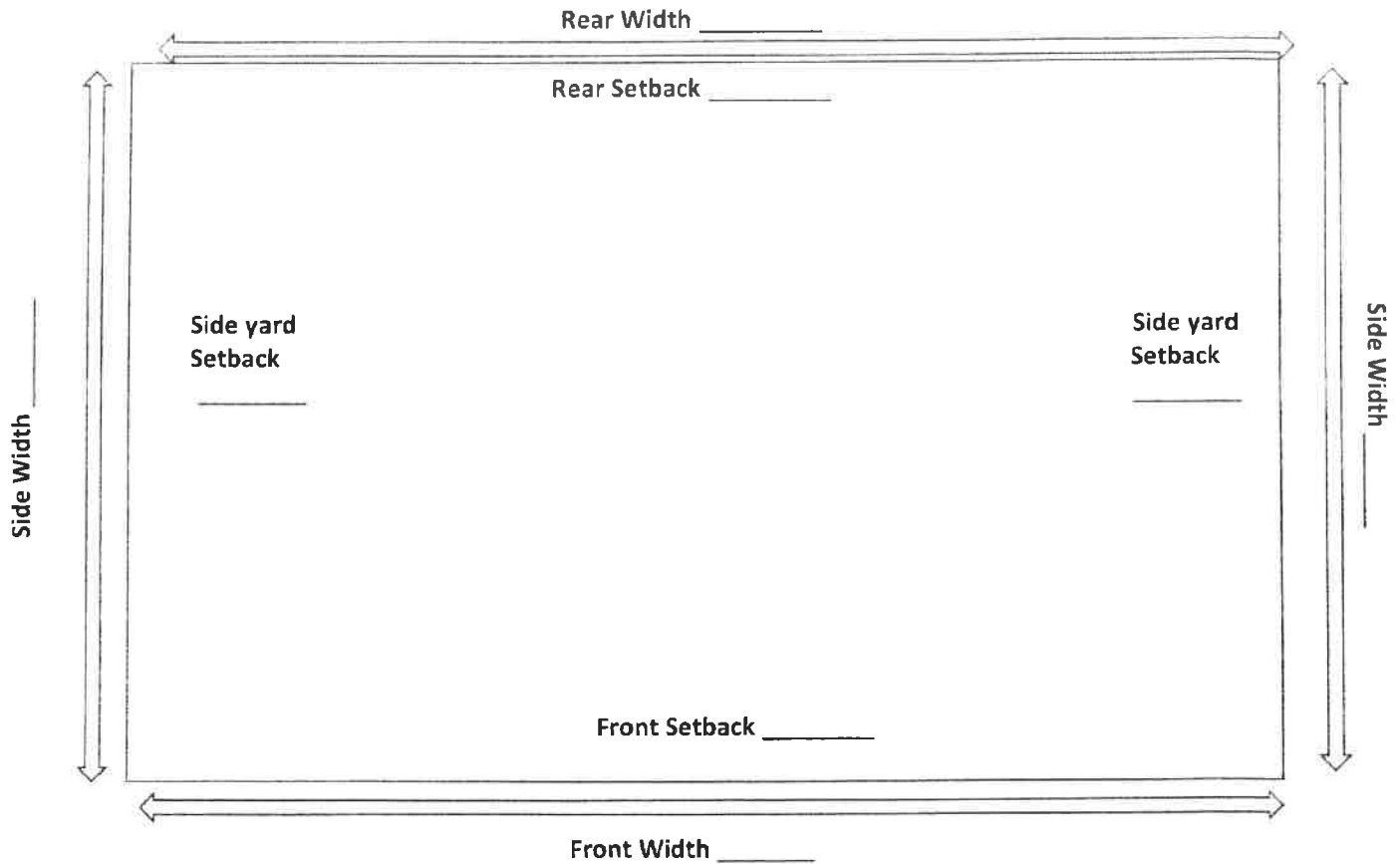
ZONING

**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

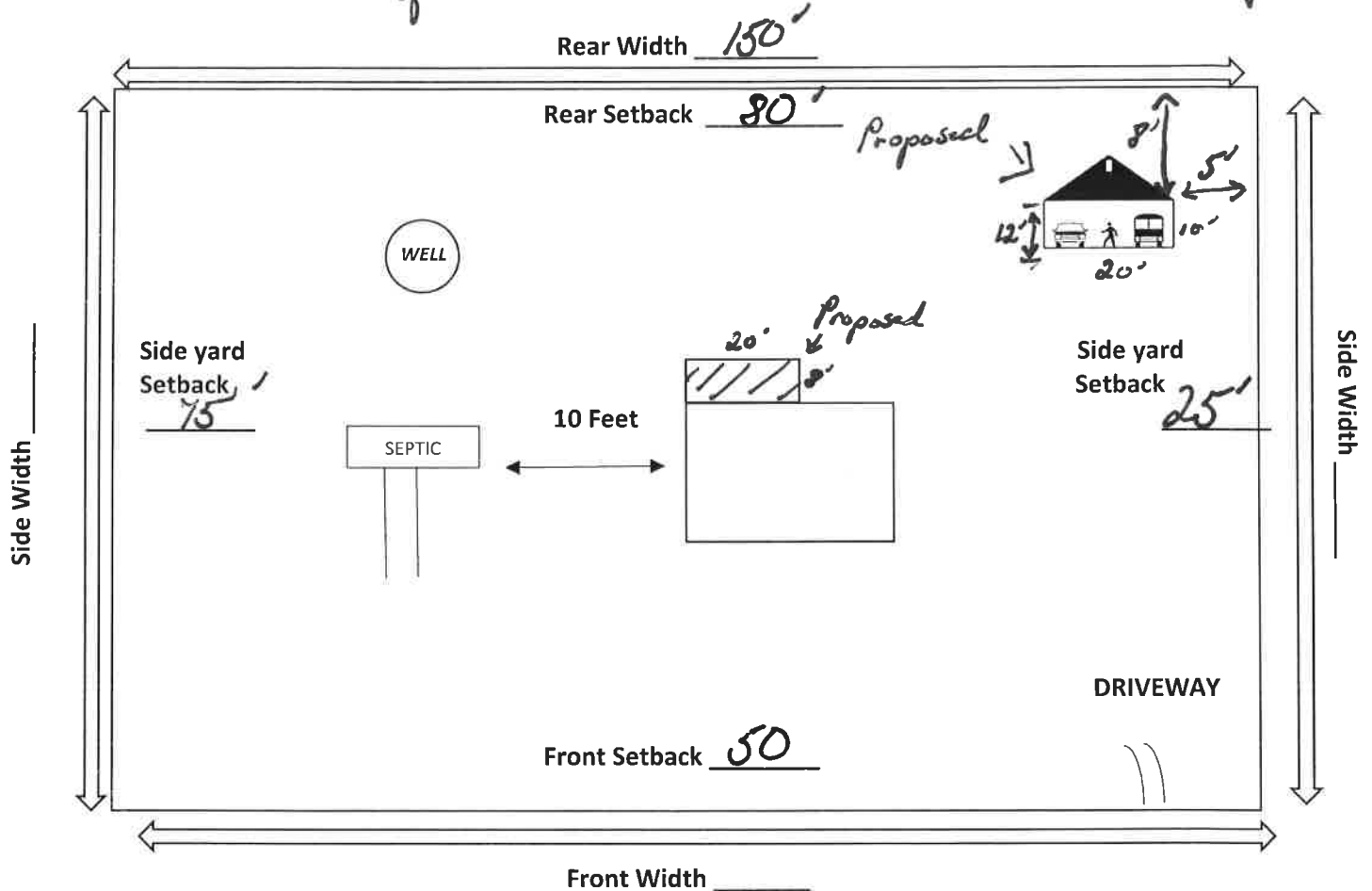
DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

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.



## COUNTY OF ACCOMACK

### BUILDING & ZONING

23236 Courthouse Ave, Room 105 | Post Office Box 93

Accomack, VA 23301

(757) 787-5721 • FAX (757) 787-8948

[www.co.accomack.va.us](http://www.co.accomack.va.us)

**Rich Morrison, Director**

**Mark Bowden, Building Official**

## 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: \_\_\_\_\_