

COUNTY OF POWHATAN
Building Inspections Department
3834 Old Buckingham Road, Suite F
Powhatan, VA. 23139
(804) 598-5622-Phone (804) 598-5877-Fax
www.powhatanva.gov

RESIDENTIAL CONSTRUCTION Permit Application

PERMIT NUMBER: _____ DATE OF APPLICATION: _____ RECEIVED BY: _____

OWNER NAME: _____
Last name First name Middle initial

ADDRESS: _____ SITE ADDRESS: _____
(If different)

ZIP: _____ ZIP: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

SUBDIVISION: _____

LOT: _____ BLOCK: _____ SECTION: _____

SETBACKS OF PROPOSED BUILDING:

FRONT: _____ BACK: _____ RIGHT: _____ LEFT: _____

**IT IS THE RESPONSIBILITY OF THE BUILDER TO ASSURE FRONT, SIDE AND REAR-YARD
SETBACK REQUIREMENTS ARE MET AND THAT SOILS ARE SUITABLE FOR FOOTINGS**

TAX PARCEL #: _____ TOTAL ACREAGE OF LOT: _____

WATER: (Check one) [] Public [] Private Well SEWAGE: (Check one) [] Public [] Private Septic

STRUCTURE: (Check one) [] ADDITION [] ALTERATION [] NEW CONSTRUCTION [] TEMPORARY

NATURE OF WORK: _____
(Examples: Single Family Dwelling, 2 Story, 4 BR, Basement, Attached Garage, Deck, Swimming Pool etc.)

CONTRACTOR: _____ STATE LICENSE NO. _____
Last name, First name Middle initial

TRADING AS: _____ CLASS: _____ EXPIRATION: _____

ADDRESS: _____ SPECIALTY CLASSIFICATION(S): _____

PHONE: _____

BUSINESS LICENSE NO. _____ LOCALITY _____ EXPIRATION: _____

(THIS SECTION TO BE COMPLETED BY COUNTY STAFF)

Use Group: _____ Use Code: _____ Fed. Use Code: _____ Construction Type: _____

Magisterial Dist.: _____ Zoning: _____ Traffic Area: _____ Voting Dist.: _____

USBC Edition: _____ Hydrologic Unit: _____ Route #: _____ Floodplain: Y/N _____

Site Plan # _____ Variance/Conditional Use Permit# _____ Occupant Load: _____

Planning & Zoning Approval _____ Building Dept. Approval _____

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

SINGLE FAMILY DWELLING **DUPLEX** Value: \$ _____ Total Sq. Ft: _____

# Stories	# Bed Rooms	# Full Baths
# Half Baths	# Kitchens	Type of Heat
Basement Y/N	% Basement Finished	Flue Y/N (Type)
# Fireplaces	Type of Fireplace	Exterior Finish
Sq. Ft. Porch	Sq. Ft. Deck	Sq. Ft. Basement
Sq. Ft. 1st Floor	Sq. Ft. 2nd Floor	Sq. Ft. 3 rd Floor
Sq. Ft. Garage	Unfinished Space	Other

ADDITION, ALTERATION, REPAIR, ACCESSORY STRUCTURES

Value of Improvement: \$ _____ Total Sq. Ft: _____

#Rooms Added	#Bed Rooms Added	#Bath Rooms Added
#Decks & Size	#Porches	#Kitchens Added
Garage Y/N	Carport Y/N	Storage Shed Y/N
(circle one) Attached/Detached	(circle one) Attached / Detached	(circle one) Attached/Detached
Square Feet Added	Flue Y/N	Fireplace Y/N
Other Work (Specify): _____		

MANUFACTURED/MOBILE HOME Value: \$ _____ Total Sq. Ft.: _____

Dimensions	Model Year	Manufacturer
#Bedrooms	#Baths	
Deck Size	Porch Size	

DEMOLITION Value: \$ _____ (Total cost of demolition)

Describe building or building element to be demolished _____

Have all utilities been disconnected? Yes No If No, explain _____

Please provide appropriate documentation (receipts) that demolition debris has been properly disposed of.

MECHANICS LIEN AGENT (ONE AND TWO FAMILY DWELLINGS ONLY)

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

Name: _____ Phone: _____

Street or P.O. Box: _____ City, State, Zip: _____

I certify that I am legally authorized to make this application. I also certify that all construction will be executed in accordance with the applicable provisions of the Virginia Uniform Statewide Building Code and the Ordinances of Powhatan County. No portion of the work executed under this permit will be used or occupied until a Final Inspection and/or Certificate of Occupancy is granted.

Applicant Signature

Date

Print Name

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

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 Affidavit of Exemption from Contractor Licensing. Cash, check and Credit Card (fee apply) are acceptable forms of payment.