

**COUNTY OF ALLEGHANY
DEPARTMENT OF PUBLIC WORKS**

9212 Winterberry Avenue, Suite A, Covington, VA 24426
Phone: (540) 863-6650 Fax: (540) 863-6655
www.co.alleghany.va.us



BUILDING AND ZONING APPLICATION

SECTION 1

APPLICANT INFORMATION
Name _____
Mailing Address: _____
Phone Number _____ Cell Phone Number: _____

PROPERTY OWNER INFORMATION (If different from Applicant)
Name _____
Mailing Address: _____
Phone Number _____ Cell Phone Number: _____

PROPERTY INFORMATION
Was this property acquired within the last year? No Yes If yes please provide a copy of the deed indicating the name of the party from which the property was acquired and to show ownership.
Acreage/Size of Parcel or Lot _____
Tax Map Parcel ID Number _____
Street Address _____
State Route Number: _____ Subdivision Name _____
Directions to the property: _____

COMPLETE THE APPROPRIATE SECTIONS AND MARK THE ITEMS THAT APPLY TO THE TYPE OF PERMIT THAT YOU ARE APPLYING FOR

SECTION 2

RESIDENTIAL CONSTRUCTION

<input type="checkbox"/> New Residential Dwelling	<input type="checkbox"/> Room Addition	<input type="checkbox"/> Repairs/Remodel
<input type="checkbox"/> Mobile or Manufactured Home	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Porch or Deck (only)
<input type="checkbox"/> Attached Garage or Carport (only)		

<input type="checkbox"/> Number of Bedrooms	Size Electrical Service _____
<input type="checkbox"/> Number of Bathrooms	Is Electrical Service Supplied Overhead or Underground? _____
<input type="checkbox"/> Number of Stories	Name of Power Company _____
<input type="checkbox"/> Basement	Type of Foundations _____
<input type="checkbox"/> Utility Room	Type of Heating _____
<input type="checkbox"/> Kitchen	Type of Exterior Walls _____
<input type="checkbox"/> Dining Room	Porches or Decks (Size) _____
<input type="checkbox"/> Living Room	Water Supply - Well or Public _____
<input type="checkbox"/> Den	Wastewater - Septic or Public _____
<input type="checkbox"/> Office	Zoning - Complete Section 9 and 10 _____
<input type="checkbox"/> Attached Garage	Erosion & Sedimentation Agreement Filed and Approved _____
Size of Construction _____	Estimated Cost _____

Two sets of basic structural drawings for new residential structures (excluding Mobile or Manufactured Homes) shall be attached to this application for review by the Building Official. Drawings do not have to be prepared by a licensed architect, however they shall include at a minimum, basic floor plan of the proposed structure, electrical, mechanical, and plumbing locations. (A check list can be provided upon request.)
A copy of approved Septic and Well Construction Permits from the Health Department shall be filed with this application. If public water and wastewater services are to be provided, an application for connections to the County system shall be attached to this application.
If a new entrance onto the state highway is needed, a copy of an approved "entrance permit" from the Virginia Department of Transportation is required to be submitted with this application.
Applicants will be responsible for contacting Alleghany County to have an E-911 Street Address assigned to the dwelling for which this permit will be issued. **A certificate of occupancy permit will not be issued until the address has been assigned.**

ALLOW 1 TO 3 WORKING DAYS FOR REVIEW AND APPROVAL OF THIS APPLICATION

ZONING

Is this property or project located within the the *Town of Clifton Forge* or the *Town of Iron Gate*? No Yes
If yes, a letter from the Town's Zoning Administrator noting compliance with their zoning regulations shall be attached to and filed with this application.

Indicate the use of the structure or parcel for which you are making application for.

Residential Commercial Other _____

Is this the only residential or commercial structure located on the property? Yes No

If no, please be aware that a minimum lot area per structure does apply when more than one main use or structure is located on the same parcel.

Use the space below to draw a site sketch, or attached a copy of a certified survey or an approved map showing at a minimum, the following information: property boundary lines for the property described in this application; location of existing and proposed structures; proposed alterations or additions; streets, roads, driveways or right-of-ways; utility easements; location of creeks, rivers or streams; the distance the existing and proposed structure(s) are from property lines and streets, roads, right-of ways, or easements.

SITE SKETCH

SECTION 10

ALLOW 1 TO 3 WORKING DAYS FOR REVIEW AND APPROVAL OF THIS APPLICATION

SECTION 11

MECHANICS LIEN

The Code of Virginia Section 36-98.01 allows the applicant to designate a mechanic's lien agent. Do you have a mechanics lien agent? None Designated Yes If yes, please provide their name, address, and telephone number. _____

GENERAL CONTRACTOR INFORMATION AND SIGNATURE OF APPLICANT

A copy of the contractors current license from the State of Virginia must be submitted with this application or a copy must be on file in the Department of Public Works. Contractors must be licensed for the type of work being performed or the application will be denied. Property owners listing "self" as the general contractor shall sign the Owner Affidavit below.

If the property owner has made arrangements with a contractor to perform the work noted on this application, the Public Works Department strongly suggests that the contractor be the party to secure the permit. When a contractor obtains the permit for the owner, they indicate their responsibility for the work. When the owner obtains the permit and signs the affidavit below, they are indicating their responsibility for the work even though a contractor is named on the permit. The Building Code requires that all notices of violation and any legal actions be taken against the permit holder (person signing permit). When the contractor applies for the permit it allows the Public Works Department to verify that the contractor is licensed and certified as required by State Law.

Applicants will be notified within 3 working days as to whether this application has been approved or denied, and the required fees that are required to be paid. Fees will be calculated based on the estimated cost stated on this application. Justification of cost may be requested by the Building Official.

CONTRACTOR AS APPLICANT

Contractor Name: _____

Mailing Address: _____

Phone Number: _____ Cell Phone Number: _____

VA State Contractors License #: _____

Expiration Date: _____ Class: Class A: \$120,000 Plus
 Class B: \$7,500 up to \$120,000
 Class C: \$1,000 up to \$7,500

I, the undersigned contractor, do hereby certify that the information provided on this application form is true to the best of my knowledge. I also acknowledge that as the applicant I am responsible for compliance with the building code, zoning, erosion/sedimentation control requirements, and requesting inspections..

Signature of Contractor or Agent Date

PROPERTY OWNER AS APPLICANT/OWNER AFFIDAVIT

I, the owner of the property located in Alleghany County, VA as stated above, have applied for a permit and certify that the information provided on this application is true to the best of my knowledge. I further affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia which prohibits issuance of a permit to any contractor not properly licensed by the State and I am not subject to licensure as a contractor or subcontractor. By my signature, I am affirming my responsibility for the quality of work, compliance with the building code, zoning, erosion/sedimentation control requirements, and requesting inspections.

Signature of Applicant/Property Owner Date Signature of Witness Date

Print Applicant/Owner Name Legibly Print Witness Name Legibly

SECTION 12

OFFICE USE ONLY

Zoning: Approved Denied By: _____ Date: _____ Comments: _____

Flood: Approved Denied By: _____ Date: _____ Comments: _____

Water/Sewer: Approved Denied By: _____ Date: _____ Comments: _____

E & S: Approved Denied By: _____ Date: _____ Comments: _____

Building: Approved Denied By: _____ Date: _____ Comments: _____

Other: _____

BP # _____ Receipt # _____

Date Issued _____ Fee(s) Paid _____

OFFICE USE