



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

Date of Application: _____ Permit Number: _____

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

Applicant: _____

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

Address: _____ Site Address: _____

Phone: _____

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.

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
 Zoning Ordinance as Amended

 Zoning Administrator

 Water District

 Building Official

Proffers: Y/N _____ Amount: \$ _____

 Sewer District

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.

Number of Bedrooms: _____ Garbage Disposal Y/N _____ No. of Offices: _____ Type of Soil: _____

Water: (Check One) Public Private Well Sewage: (Check One) Public Private

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

Date Approved: _____ 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 Building Value \$ _____ Total Square Feet _____
 Manufactured Home Building Value \$ _____ Total Square Feet _____
 Addition Building Value \$ _____ Total Square Feet _____

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

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

Single-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).

Renovation
Use General Construction Mechanical
 Single Family Dwelling Footings Electric
 Multiple Family Dwelling Foundation Plumbing
 Two Family Dwelling Walls HVAC
 Commercial 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

Name: _____ State License No. _____ Class: _____

Address: _____ Expiration Date: _____ Specialty Class: _____

_____ County License #: _____ Expiration 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.

Applicant is: Building Owner 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: _____

Sub Total: _____

2% State Levy: _____

E&S: _____ (Applies to new dwellings only)

Proffers: _____

Total Permit Fee: _____

WATER/SEWER

Private Septic: _____

Public Water: _____

Public Sewer: _____

Public Water/Sewer Application Fee:
