

MAYOR
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TOWN MANAGER
Quinn Robertson

TOWN COUNCIL

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Frank Alger III
Steve Cirbee
Bill Dellar
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DEPUTY TOWN MANAGER
Rob Murphy

TOWN ATTORNEY
Andrea G. Erard

TOWN OF COLONIAL BEACH
315 Douglas Ave.
Colonial Beach, Virginia 22443
(804) 224-7181 FAX (804) 224-7185

TOWN CLERK
Kathleen Flanagan

APPLICATION CHECK LIST FOR AN ACCESSORY BUILDING/STRUCTURE ZONING PERMIT

In order to process your building permit the following items must be submitted. Failure to submit a complete package shall result in a delay in approving and releasing the permit.

ZONING PERMIT APPLICATION CHECKLIST		
APPLICANT	ITEMS REQUIRED	STAFF
IF ACCESSORY BUILDING IS MORE THAN 200 SQUARE FEET (EXAMPLE: 10 X 21 OR LARGER)		
<input type="checkbox"/>	Two (2) sets of Building Construction Plans	<input type="checkbox"/>
<input type="checkbox"/>	Two (2) copies of a Site Plan (see zoning/land disturbing check list for accessory structures in application packet)	<input type="checkbox"/>
<input type="checkbox"/>	A Completed and Signed Building/Zoning Permit Application	<input type="checkbox"/>
<input type="checkbox"/>	A completed Sub-contractor Roster	<input type="checkbox"/>
<input type="checkbox"/>	A Bond or Letter of Credit for Erosion & Sediment Control*	<input type="checkbox"/>
<input type="checkbox"/>	Tradesman Affidavit	<input type="checkbox"/>
<input type="checkbox"/>	A signed Agreement in Lieu of a Plan	<input type="checkbox"/>
<input type="checkbox"/>	Permit Fee - Check made payable to the "Town of Colonial Beach"	<input type="checkbox"/>
IF ACCESSORY BUILDING IS 200 SQUARE FEET OR LESS AND/OR PRE-MANUFACTURED (EXAMPLE: 10 X 20)		
<input type="checkbox"/>	Two (2) copies of a Site Plan (see zoning/land disturbing check list for accessory structures in application packet)	<input type="checkbox"/>
<input type="checkbox"/>	A Completed and Signed Building/Zoning Permit Application	<input type="checkbox"/>
<input type="checkbox"/>	A signed Agreement in Lieu of a Plan	<input type="checkbox"/>
<input type="checkbox"/>	A completed Sub-contractor Roster	<input type="checkbox"/>
<input type="checkbox"/>	Tradesman Affidavit	<input type="checkbox"/>
<input type="checkbox"/>	Permit Fee - Check made payable to the "Town of Colonial Beach"	<input type="checkbox"/>
IF ACCESSORY STRUCTURE IS ATTACHED TO HOUSE (EXAMPLE: DECK, PORCH, ETC.)		
<input type="checkbox"/>	Two (2) copies of a Site Plan (see zoning/land disturbing check list for accessory structures in application packet)	<input type="checkbox"/>
<input type="checkbox"/>	A Completed and Signed Building/Zoning Permit Application	<input type="checkbox"/>
<input type="checkbox"/>	A Bond or Letter of Credit for Erosion & Sediment Control*	<input type="checkbox"/>
<input type="checkbox"/>	A signed Agreement in Lieu of a Plan	<input type="checkbox"/>
<input type="checkbox"/>	Two (2) sets of construction plans	<input type="checkbox"/>
<input type="checkbox"/>	A completed Sub-contractor Roster (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Tradesman Affidavit	<input type="checkbox"/>
<input type="checkbox"/>	Permit Fee - Check made payable to the "Town of Colonial Beach"	<input type="checkbox"/>

- An accessory structure can only be placed on a lot where a principal building exists
- A copy of a tax receipt showing that taxes on the property are current (15.2-2286)
- The E&S Bond/Letter of Credit Amount is \$1,000, when land disturbance exceeds more than 2,500 square feet and is refunded with 80% of lot coverage (grass)
- Accessory structures cannot have a separate power meter or other utility connections nor addresses

- If an inspection does not pass a re-inspection fee will be assessed in accordance with the Town fee schedule – all re-inspection fees must be paid prior to any re-inspection or scheduling of future inspections
- As of July 1, 2014, it is the applicant's responsibility to obtain proper Stormwater Permit(s) from the Department of Environmental Quality: 1-800-592-5482 or on the web at <http://www.deq.state.va.us/Programs/Water/PermittingCompliance.aspx>
- Documentation of issuance of stormwater permit



THE TOWN OF COLONIAL BEACH, VIRGINIA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

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 Colonial Beach VA 22443
 Phone: (804)224-7181 Fax: (804) 224-7185
www.colonialbeachva.net

ZONING APPLICATION FOR ACCESSORY STRUCTURE/USES & LAND DISTURBING
 Application Date: _____ Permit Number: _____

Deposit	Type:	Amount: \$	DH#:

Zoning application is hereby made for a Renovation, Change of Use, Building, and/or Land Disturbing Permit in accordance with the description and for the purpose set forth herein. This application is made subject to all Town and State laws and regulations, which are hereby agreed to by the undersigned and which shall be a condition of this permit.

ALL APPLICABLE INFORMATION MUST BE COMPLETED OR APPLICATION WILL BE RETURNED. (Please Print)

PLEASE CHECK PERMIT TYPE/ TYPES	<input type="checkbox"/> Zoning/Building Permit	<input type="checkbox"/> Land Disturbing
Check all that apply <input type="checkbox"/> Deck <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Garage <input type="checkbox"/> Pole Barn <input type="checkbox"/> Pool (in-ground)	<input type="checkbox"/> Addition <input type="checkbox"/> Pool (above ground) <input type="checkbox"/> Other; specify _____
<input type="checkbox"/> Porch <input type="checkbox"/> Shed	<input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing	<input type="checkbox"/> E & S <input type="checkbox"/> Electrical

Owner Information	Name _____	Daytime Telephone No. _____
	Mailing Address _____	
	E-mail Address _____	Fax Number _____ Cell Number _____

Contractor/ Builder	Name _____	Telephone No. _____
<input type="checkbox"/> same as owner	Mailing Address _____	
	E-mail Address _____	Fax Number _____

Property Information	Address / Directions _____	
	Tax Map ID # _____	Area (in acres & sq. ft.) _____
	Current Deed Book/Page # _____	Lot # _____ Blo ck _____ Section _____

Existing Use of Property _____
 Existing Structures on Property _____
 Existing Structures to be removed _____

Type _____

Building Use	_____	No. of Rooms _____	No. of Bedrooms _____	Stories _____
Use Group	_____	Occupant Load _____	Overall Height of Structure _____	_____
Water / Sewer	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Other Building Code Notes: _____			

Construction	<input type="checkbox"/> Framed	<input type="checkbox"/> Modular	<input type="checkbox"/> Other; specify: _____	YEAR _____
Foundation	<input type="checkbox"/> Masonry	<input type="checkbox"/> Formed Concrete	<input type="checkbox"/> Treated Wood	<input type="checkbox"/> Pre-Cast Concrete <input type="checkbox"/> On Frame <input type="checkbox"/> Off Frame
Square Footage	1 st floor sq. ft. _____	2 nd and 3 rd floor sq. ft. _____	Total sq. ft. _____	
Basement	<input type="checkbox"/> Finished Sq. ft. _____	<input type="checkbox"/> Unfinished Sq. ft. _____	<input type="checkbox"/> Partial	<input type="checkbox"/> Crawl space
Walls	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Masonry Bearing	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other
Exterior	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum <input type="checkbox"/> Stone <input type="checkbox"/> Other
Roof	<input type="checkbox"/> Manufactured Trusses	<input type="checkbox"/> Field Frame	<input type="checkbox"/> Other; specify: _____	

Garage	<input type="checkbox"/> Detached <input type="checkbox"/> Attached	Length _____	Width _____	Sq. ft. _____
Porch/Stoop	<input type="checkbox"/> Front <input type="checkbox"/> Rear	Length _____	Width _____	Sq. ft. _____
Deck	<input type="checkbox"/> Front <input type="checkbox"/> Rear	Length _____	Width _____	Sq. ft. _____
Ramp	<input type="checkbox"/> Front <input type="checkbox"/> Rear	Length _____	Width _____	Sq. ft. _____
Shed	<input type="checkbox"/> Framed <input type="checkbox"/> Pre-Manufactured	Length _____	Width _____	Sq. ft. _____
Carport	<input type="checkbox"/> Framed <input type="checkbox"/> Pre-Manufactured	Length _____	Width _____	Sq. ft. _____

Electrical	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Upgrade <input type="checkbox"/> Temporary <input type="checkbox"/> Disconnect Amps: _____			
Mechanical	Type Heat _____	Fuel Type _____	<input type="checkbox"/> Replacement	<input type="checkbox"/> Hood
Fireplace	<input type="checkbox"/> Wood <input type="checkbox"/> Electric	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Wood Stove: _____	
Chimney	<input type="checkbox"/> Manufactured	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other; specify: _____	
Plumbing	Full Bath # _____	Half Bath# _____	<input type="checkbox"/> Replace lines	<input type="checkbox"/> Repairs
Water Heater	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	<input type="checkbox"/> Replacement		
Tank / Gas lines	<input type="checkbox"/> New <input type="checkbox"/> Replacement	<input type="checkbox"/> Above ground	<input type="checkbox"/> Underground	
Generator	Type _____	Fuel Source _____	<input type="checkbox"/> Permanent	<input type="checkbox"/> Portable

Sign	<input type="checkbox"/> Freestanding <input type="checkbox"/> Attached to Bldg. <input type="checkbox"/> Illuminated	Size _____
Alarms / Amusements	Type _____	No. _____
Tent	Size _____	Occupant Load _____ <input type="checkbox"/> Cooking

Additional Information:	_____

Note: This Page is for office use only – Please fill in all required signatures on LAST PAGE of application.

RESIDENTIAL COMMERCIAL

REQUIRED SIGNATURES

Zoning Fees	
Site Plan Review	
911/GIS Fee	
Land Disturbing (E&S)	
Total Zoning Fees	
Plan Review	
Permit Fee	
Garage	
Porch	
Deck	
Ramp	
Shed	
Carport	
Electrical	
Mechanical	
Fireplace/Chimney	
Plumbing	
Tank / Line	
Generator	
Alarm	
Fire Suppression	
Hood	
Amusements	
Tent	
Demolition	
Sign	
Amendment	
Foundation	
Building Subtotal	
2% State Levy	
Total Building Fee	
TOTAL FEES (Zoning & Building)	

Property Zoned as:				
Rezoning / Special Exception #		Proffers / Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No		
Height Requirements				
Principal Structure	Proposed:	Maximum permitted:		
Accessory Structure	Proposed:	Maximum permitted:		
Census Tract:				
Flood Hazard District <input type="checkbox"/> Yes <input type="checkbox"/> No F.I.R.M No.				
Setbacks: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corner Lot				
Front	Proposed		Required	
Back	Proposed		Required	
Right	Proposed		Required	
Left	Proposed		Required	
Comments:				
Zoning Administrator		Date:		
Chesapeake Bay District: <input type="checkbox"/> None <input type="checkbox"/> RMA <input type="checkbox"/> RPA				
RLD		RLD No.:		
Bond required at issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bond Amount: \$		
Notes:				
Environmental Planner :		Date:		
Comments:				
Building Official:		Date:		

Mechanic Lien Agent	Name _____	Telephone No. _____
<input type="checkbox"/> Same as Contractor	Mailing Address _____	

General Contractor /Subcontractor Information	State Contractor's License No.	State Tradesman Certification No.	Colonial Beach Business License No.

I certify that all licenses and certifications required by the State of Virginia and the Town of Colonial Beach are current at the time of application. Please notify this office immediately of any changes to the above-noted subcontractors. A complete list of subcontractors will be submitted prior to 1st inspection.

_____	_____	_____
Print Name	Contractor Signature	Date

ALL BUILDERS OR OWNER-DEVELOPERS THAT CONTRACT TO BUILD FOR OTHERS ON PROPERTY THAT THE BUILDER OR OWNER-DEVELOPER OWNS, MUST BE LICENSED UNDER THE PROVISIONS OF § 54.1-1101 CODE OF VIRGINIA

Owner's Affidavit (Acting as contractor) I, _____, affirm that I am the owner of a certain tract or parcel of land located at: _____ and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of §54.1-1101 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor. I also affirm that I will be responsible for meeting the code standards.

I further affirm that I will: reside in this house for at least 24-months

give this house to an immediate family member and they will live in this house for at least 24-months

Other (Explain) _____

_____	_____
Owner's signature	Notary signature

Signed and acknowledged by _____ in the city or county of _____, of Virginia on this _____ day of _____, 20____. In the presence of the undersigned witness. Notary No. _____ Expires: _____

Applicant Certification

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings, and that all construction will conform with all applicable state and town laws, ordinances and regulations with regard to zoning, health environmental, and building. Failure to do so shall automatically render this permit invalid. I understand that construction requires a zoning permit issued by the Colonial Beach Department of Planning & Community Development. I understand that construction must commence within 6 months of the issuance of this permit or the permit is rendered void, subsequent inspections must comply with Section 110.6 (Abandonment of Work) of the Uniform Statewide Building Code. I further understand that the land may not be used or occupied, and buildings structurally altered or erected may not be used or changed in use, until the Certificate of Occupancy is issued. I further permit Town officials or any other governmental agency representatives to enter the property to ensure that the property is being constructed in compliance with all governmental regulations; local, state and federal and that any proffered conditions have been and continue to be implemented. **Revocation of Permit:** The zoning/building official may revoke a permit or approval issued under the provisions of the Zoning Ordinance/USBC in case of any false statement, misrepresentation of fact or incorrect information supplied by the applicant in the application or construction documents on which the permit or approval was based. I also acknowledge that it is my responsibility to obtain any stormwater permit from the Commonwealth of Virginia – Department of Environmental Quality.

Date

Owner or Applicant Signature

Please Print name

CHESAPEAKE BAY PRESERVATION OVERLAY DISTRICT

Environmental Information	Square Feet of Lot		Square feet of structure to be built (length X width)	
Square feet of structures/uses (to be built or existing)				
Principal Structure (footprint) square feet:				
Porches, Decks, Stoops:				
Driveway & Sidewalk/Patio:				
Garage/Carport/Shed:				
Pool:				
Other Impervious Surface Square Feet:				
Total Square footage of all above impervious surfaces:				
Impervious Surface Ratio (%):				

Other Information or notes to be provided here:



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TRADESMAN AFFIDAVIT

I, _____ am installing Electrical/Plumbing/Mechanical/Gas
(circle appropriate category)

at _____ My company name is _____
(address/tax map#)

_____. I have all licenses and certifications required by the State of Virginia and the Town of Colonial Beach. Copies of my applicable licenses and certifications are attached.

Signature

Date

THIS AFFIDAVIT MUST BE COMPLETED PRIOR TO PERMIT ISSUANCE. ATTACH COPY OF VIRGINIA LICENSE AND TRADESMAN CERTIFICATION CARD AND TOWN BUSINESS LICENSE BELOW



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Zoning & Land Disturbing Plan Checklist for Accessory Structures

Using an existing survey plat, neatly draw to scale the following information:

- Note: If no existing survey exists the Town can provide a GIS rendering of the property for an additional fee of \$25. Then use that rendering to complete the following information.
- Plat plan should be no smaller than 8.5" x 11" in size
- Location of proposed structure on property and distance to all property lines (side, rear, and front)
- Dimensions of the proposed structure (length, width and height)
- Dimensions of existing house, other accessory structures, decks, patios, driveways or other imperious areas (length, width and height)
- Area of parcel in square feet and acres or fractions thereof
- Call Miss Utility and have all underground utilities marked and show location(s) on your sketch plan
- Location of all building restriction lines, setbacks and easements.
- Chesapeake Bay Protection Areas (CBPA) designation noted on plan. Resource Management and/or Resource Protection Areas (RMA/RPA)
- If a Resource Protection Area (RPA) exists, it must be designated by a certified design professional (surveyor/engineer)
- Floodplain limits, if present
- Signed "Agreement in Lieu of E&S" plan

If more than 2,500 square feet of land disturbance the following information is needed:

- Location and details of all E&S controls
- Limits of clearing and grading
- Location of all trees on site that are six (6) inches or greater in diameter at breast height
- Signed "Agreement in Lieu of E&S" plan with RDL designation.
- Basement Floor/Finished Floor (BF/FF) elevations (proposed)
- If located within a floodplain the finished floor elevation shall be 3-feet above base flood level.

◆Remember to submit building construction plans with your permit for any accessory structure larger than 200 square feet◆



**ROSTER OF SUB-CONTRACTOR(S)
TOWN OF COLONIAL BEACH
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT**

315 Douglas ave.,
Colonial Beach VA 22443
Phone: (804)224-7181 Fax: (804) 224-7185
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YOU ARE REQUIRED TO SUBMIT TO THIS OFFICE A ROSTER OF ALL SUB-CONTRACTORS WHO HAVE PERFORMED OR WILL PERFORM WORK UNDER YOUR BUILDING PERMIT CITED HEREIN. CHAPTER 13 OF THE TOWN OF COLONIAL BEACH CODE REQUIRES THAT ALL SUBCONTRACTORS WORKING UNDER THIS PERMIT TO OBTAIN A COLONIAL BEACH BUSINESS LICENSE. THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED TO THE DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT OFFICE BY 12:30 P.M. ONE DAY PRIOR TO REQUESTING ROUGH-IN INSPECTIONS.

Date:		Total Contract Amount: \$	
Permit #			
Owner:			
Subdivision Name:			Lot /Parcel #
Street Name & Number			
Phone #Home:		Work:	Cell:
E-mail Address:			
GENERAL CONTRACTOR			
Name:			
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #			Fed ID #
State Contractor License #			Value\$
SUB-CONTRACTORS			
MECHANICAL:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #			Fed ID #
State Contractor/Tradesman License #			Value\$
ELECTRICAL:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #			Fed ID #
Contractor/Tradesman License #			Value\$
PLUMBING:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #			Fed ID #
Contractor/Tradesman License #			Value\$

FRAMING:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #		Fed ID #	
Contractor/Tradesman License #		Value\$	
INSULATION:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #		Fed ID #	
Contractor/Tradesman License #		Value\$	
ROOFING:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #		Fed ID #	
Contractor/Tradesman License #		Value\$	
CONCRETE/FOUNDATION/WATERPROOF:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #		Fed ID #	
Contractor/Tradesman License #		Value\$	
EXCAVATING:			
Name:		Type of Work:	
Address:			
Phone #Home:		Work:	Cell:
E-mail Address:			
Colonial Beach Business License #		Fed ID #	
Contractor/Tradesman License #		Value\$	

I the undersigned, declared under penalty of the law above information is true and complete to the best of my knowledge,

Signature

Title

State of Virginia
Town of, _____

I, _____, Notary Public in and for the Town aforesaid, in the State

Of Virginia, do certify that _____, whose name is signed to the

Forging roster, acknowledged the same before me in my Town aforesaid.

Given under my hand _____ day of _____, 20_____

Notary Public

Commission Expires

AGREEMENT IN LIEU OF AN EROSION & SEDIMENT CONTROL PLAN

Building Permit#: _____

Landowner Name: _____

Tax Map#: _____ Subdivision Name: _____

In lieu of submission of an erosion and sediment control plan for the construction of this single family dwelling I agree to comply with any reasonable requirements determined necessary by employees of the Town of Colonial Beach, Virginia, representing either the Zoning Administrator or Director of Public Works, or the Town. Such requirements shall be based on the conservation standards contained in the Colonial Beach Erosion and Sediment Control Ordinance, and shall represent the minimum practices necessary to provide adequate control of erosion and sedimentation on or resulting from this project provided the project exceeds 2,500 square feet of soil disturbance. Soil disturbance includes piles of excess soil or new soil needed to complete the project. Soil includes sand, gravel, and similar materials.

As a minimum, all denuded areas on the lot shall be stabilized within 7-days of final grading with permanent vegetation or a protective ground cover suitable for the time of the year.

I further understand that failure to comply with such requirements within three (3) working days following notice by representatives of the Town could result in citation for violation of the Town's Erosion and Sediment Control ordinance.

Measures specified by plan approving authority: Maintain and install proper erosion controls including proper entrance. Keep roads free of debris at all times. A MINIMUM SURETY (\$1,000 FOR ACCESSORY BUILDINGS, \$1,500 FOR HOMES ON LOTS UP TO 1 ACRE, AND \$2,500 FOR LOTS LARGER THAN 1 ACRE PLUS AN ADDITIONAL \$100 FOR EACH 1/10 OF AN ACRE OVER 2 ACRES) MUST BE POSTED WITH THE TOWN PRIOR TO FINAL EROSION AND SEDIMENT INSPECTION UNLESS THE LOT IS SODDED OR A STAND OF GRASS EQUALING 80% COVERAGE AND 3 INCHES IN HEIGHT EXISTS. A FINAL C-O WILL NOT BE SCHEDULED IF THESE REQUIREMENTS ARE NOT MET.

Signature of Landowner: _____

Party responsible for Erosion and Sediment Control and Certification Number

Name: _____

Certification #: _____

Approved by _____ Date: _____
Zoning Administrator