



THE TOWN OF COLONIAL BEACH, VIRGINIA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

315 Douglas Avenue, Colonial Beach, VA 22443
 Phone: (804) 224-7506 Fax: (804) 224-1318
www.colonialbeachva.net

APPLICATION CHECK LIST FOR SIMPLE RENOVATIONS TO AN EXISTING PRINCIPAL STRUCTURE

In order to process your permit the following items must be submitted if applicable. Failure to submit a complete application packet can result in a delay in approving and releasing the permit.

RENOVATION PERMIT APPLICATION CHECKLIST

APPLICANT	ITEMS REQUIRED	STAFF
<input type="checkbox"/>	Permit Fees Due at Time of Application Submission Cash or Check made payable to "Town of Colonial Beach"	<input type="checkbox"/>
<input type="checkbox"/>	A Completed and Signed Building/Zoning Permit Application	<input type="checkbox"/>
<input type="checkbox"/>	Tradesman Affidavit (one per trade required)	<input type="checkbox"/>
<input type="checkbox"/>	Two (2) sets of Building Construction Plans	<input type="checkbox"/>
<input type="checkbox"/>	Town of Colonial Beach Business License	<input type="checkbox"/>
<input type="checkbox"/>	If Residential to Commercial - See Change of Use Check List	<input type="checkbox"/>
<input type="checkbox"/>	If applicable, a completed Permit Application and Notification For Asbestos Removal and Demolition. *Should you have questions regarding the requirements, please submit a permit application to the Virginia Department of Labor and Industry at http://www.doli.virginia.gov/	<input type="checkbox"/>

- All commercial plans must be stamped by a certified design professional or engineer.
- Applicant may be required to submit tax receipt showing taxes on the property are current. (§ 15.2-2286)
- A failed inspection shall be subject to a re-inspection fee in accordance with the Town Fee Schedule. All re-inspection fees must be paid prior to future inspections.



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BUILDING & ZONING APPLICATION FOR RENOVATIONS TO A PRINCIPAL STRUCTURE

Application Date: _____

Permit Number: _____

Deposit	Type:	Amount: \$	DH#:
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Building & Zoning application is hereby made for a Renovation to Principal Structure 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(S)		<input type="checkbox"/> Zoning	<input type="checkbox"/> Building
Check all that apply		<input type="checkbox"/> Electric	
<input type="checkbox"/> Residential	<input type="checkbox"/> Renovation	<input type="checkbox"/> Mechanical	Other: _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Bldg. Plan Review	<input type="checkbox"/> Plumbing	_____

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

Builder/ Applicant	Name _____	Daytime Telephone No. _____
	<input type="checkbox"/> Same as Owner	Mailing Address _____
	E-mail Address _____	Fax Number _____
		Cell Number _____

Property Information	Address / Directions _____	
	Tax Map ID # _____	Area (in acres & sq. ft.) _____
	Current Deed Book/Page # _____	Lot # _____ Block _____ Section _____
	Existing Use of Property _____	
	Existing Structures on Property _____	
	Existing Structures to be removed _____	

PLEASE FILL IN ALL AREAS RELEVANT TO THE PERMIT BEING REQUESTED

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 floor sq. ft.	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"/> Crawlspace
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.	Height
Porch/Stoop	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length	Width	Sq. ft.	Height
Deck/Patio	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length	Width	Sq. ft.	Height
Ramp	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length	Width	Sq. ft.	Height
Shed	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length	Width	Sq. ft.	Height
Carport	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length	Width	Sq. ft.	Height

Electrical	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Temporary	<input type="checkbox"/> Disconnect	Amps:
Mechanical	Heat Type:		Fuel Type:		<input type="checkbox"/> Replacement	<input type="checkbox"/> Hood
Plumbing	# Full Bath(s):		# Half Bath(s):		<input type="checkbox"/> Replace lines	<input type="checkbox"/> Repairs
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):		
Water Heater	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other (specify):		<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

Alarms / Amusements	Type:	Number:
Tent	Size:	Occupant Load: <input type="checkbox"/> Cooking

Description of Work (Required):	
Estimated Cost of Work to be Performed (Required):	\$

Note: This Page is for office use only

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
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Gen. Zoning Fees	
Addendum/ Renewal	
Other	
TOTAL ZONING FEES	

Plan Review (Bld.)	
SFD/Reno/Add.	
Demolition	
Electrical	
Mechanical	
Plumbing	
Tank/Line	
Fireplace/Chimney	
Generator	
Alarm	
Fire Suppression	
Other	
Building Subtotal	
2% State Levy	
TOTAL BUILDING FEES	

TOTAL FEES (Zoning + Building)	
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REQUIRED SIGNATURES

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		
Comments:				

Building Official/ Inspector **Date**



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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, TRADESMAN CERTIFICATION CARD, AND TOWN BUSINESS LICENSE.



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MEMORANDUM

TO: All applicants for building permits for renovation or demolition
FROM: Department of Planning & Community Development
DATE: April 23, 2015
SUBJECT: Asbestos Certification Form

The Virginia Uniform Statewide Building Code requires all buildings, other than single-family dwellings, to be renovated or demolished shall be inspected for the presence of asbestos-containing materials and unless subject to exemptions, the appropriate response actions shall be undertaken (See Section 110.3 of the Virginia Uniform Statewide Building Code). The form below shall be completed by all applicants for building permits to renovate or demolish a building or structure. This form must be signed by the owner or an authorized agent of the owner and one of the applicable boxes must be checked.

ASBESTOS CERTIFICATION FORM

Building Permit #: _____

Owner Name: _____

Owner Address: _____

Address Where Work is to Be Performed: _____

Tax Map ID: _____

As owner, or owner's agent, of the above building, I certify that: (check applicable box)

- The building permit for the original construction of the building listed above was issued after January 1, 1985; therefore, the building is not subject to asbestos certification requirements.
- The above building is a single-family dwelling, or is a residential building containing four or fewer dwelling units, which will not be used either as a commercial building or as a public development project, and is, therefore, exempt from asbestos licensing requirements.
- The combined amount of regulated asbestos-containing material involved in the renovation or demolition is less than 260 linear feet of pipes, or less than 160 square feet on other facility components, or less than 35 cubic feet off facility components where length or area could be not measured previously, and is, therefore, exempt from asbestos licensing requirements.
- The affected portions of the above building have been inspected for the presence of asbestos by an individual licensed to perform such inspections pursuant to §54.1-503 of the *Code of Virginia, 1950* and that no asbestos-containing materials were found.
- The affected portion of the above building has been inspected for the presence of asbestos by an individual licensed to perform such inspections pursuant to §54.1-503 of the *Code of Virginia, 1950* and that appropriate response actions will be undertaken with the requirements of NESHAPS (40 CFR 61, SUBPART M) and the asbestos worker requirements established by OSHA (29 CFR 1926.1101).
- The building permit application is only for repair or replacement of roofing, floor covering, or siding materials. The materials to be repaired or replaced are assumed to contain friable asbestos and the appropriate response actions will be accomplished by a licensed asbestos contractor or a licensed asbestos roofing/flooring/siding contractor. (THIS OPTION IS NOT PERMITTED FOR SCHOOLS PER VUSBC 110.3)

In addition to the above, I also certify that any asbestos abatement area will not be occupied until all response actions have been completed and final levels for re-occupancy of the abatement area shall be 0.01 or fewer asbestos fibers per cubic centimeter if determined by Phase Contrast Microscopy analysis (PCM) or 70 or fewer fibers per square millimeter if determined by Transmission Electron Microscopy analysis (TEM).

Signature of Owner or Agent

Date

Note: While proper completion of this form satisfies §110.3 of the 2012 Virginia Uniform Statewide Building Code for permit issuance, notification of applicable state agencies may be required.