



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 A TRADES 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.

TRADES 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"/>	Town of Colonial Beach Business License (if applicable)	<input type="checkbox"/>

- Applicant may be required to submit tax receipt showing taxes on the property are current. (§ 15.2-2286)



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ZONING APPLICATION FOR TRADES

Application Date: _____

Permit Number: _____

Deposit	Type:	Amount: \$	DH#:
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Zoning application is hereby made for a Trades 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	
Check all that apply	<input type="checkbox"/> Electrical <input type="checkbox"/> Other:
<input type="checkbox"/> Residential	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Commercial	<input type="checkbox"/> Mechanical

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

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

Property Information	Address _____	
	Tax Map ID# _____	

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, TOWN BUSINESS LICENSE.

*If applying for one more than one trade, additional tradesman affidavits are available in the Planning Office.

PLEASE FILL IN ALL AREAS RELEVANT TO THE PERMIT BEING REQUESTED:

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			<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
Other						

Description of Work:						
Estimated Cost of Work to be Performed	\$		(Required Information for ALL permits)			

Mechanic Lien Agent

Name _____ Telephone No. _____

None Designated

Mailing Address _____

General Contractor /Subcontractor Information	State Contractor's License No.& Class	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 to all applicable state and town laws, ordinances and regulations with regard to zoning, environmental, health 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 six (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.

Date

Owner or Applicant Signature

Please Print name

Note: This Page is for office use only.

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
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Gen. Zoning Fees	
Plan Review (Site)	
Other	
TOTAL ZONING FEES	

Plan Review (Bld.)	
Electrical	
Mechanical	
Plumbing	
Tank/Line	
Fireplace	
Chimney	
Generator	
Water Heater	
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 _____

Chesapeake Bay District: <input type="checkbox"/> None <input type="checkbox"/> RMA <input type="checkbox"/> RPA				
Bond required at issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bond Amount: \$		
Comments:				

Environmental Planner _____ Date _____

Comments:				

Building Official _____ Date _____