



# 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) 224-7185  
 www.colonialbeachva.net

### APPLICATION CHECK LIST FOR A NEW PRINCIPAL STRUCTURE OR RENOVATIONS/ADDITIONS TO AN EXISTING PRINCIPAL STRUCTURE

In order to process your building 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.

#### NEW STRUCTURE PERMIT APPLICATION CHECKLIST

APPLICANT	ITEMS REQUIRED	STAFF
<input type="checkbox"/>	<b>Permit Fees Due at Time of Application Submission</b> Cash or Check made payable to "Town of Colonial Beach"	<input type="checkbox"/>
<input type="checkbox"/>	A <b>Completed</b> and <b>Signed</b> Building/Zoning Permit Application	<input type="checkbox"/>
<input type="checkbox"/>	Tradesman Affidavit (one per trade required)	<input type="checkbox"/>
<input type="checkbox"/>	Water/Sewer Availability & Connection Form	<input type="checkbox"/>
<input type="checkbox"/>	A signed Agreement in Lieu of Erosion & Sediment Control Plan	<input type="checkbox"/>
<input type="checkbox"/>	Two (2) sets of Building Construction Plans	<input type="checkbox"/>
<input type="checkbox"/>	Two (2) copies of Site Plan	<input type="checkbox"/>
<input type="checkbox"/>	A Completed Colonial Beach Driveway Entrance Permit (Public Works Dept.)	<input type="checkbox"/>
<input type="checkbox"/>	A Bond or Letter of Credit for Erosion & Sediment Control	<input type="checkbox"/>
<input type="checkbox"/>	A Bond or Letter of Credit for the Driveway Permit	<input type="checkbox"/>
<input type="checkbox"/>	Town of Colonial Beach Business License	<input type="checkbox"/>
<input type="checkbox"/>	Documentation of Stormwater Permit Issuance	<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	<input type="checkbox"/>

#### BOND/LETTER OF CREDIT AMOUNTS

Erosion & Sediment Control			Public Works
Lot Size 1.0 Acre Or Less	Lot Size Greater Than 1.0 Acre	Demolition of Structure	Entrance/Driveway
\$1500*	\$2500 + \$100* for each 1/10 acre over 2.0 acres	\$1500*	\$1000 Bond** plus \$100 Permit Fee
* E&S bond is refunded upon inspection showing 80% lot coverage (grass). ** Entrance bond is refunded upon final inspection by Public Works.			

- All new structures/uses shall have to install a water meter. (Contact Public Works 804-224-7260)
- 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.
- 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>.
- Trees that are 6" at breast height and located outside of the footprint of construction can only be removed if declared "diseased, dead, or dying" by a certified arborist. A Woodlot Management Permit must be obtained. **Tree removal without a permit is subject to a fine of \$1000 per tree removed plus a double permit fee.**
- In order to receive a Certificate of Occupancy for newly constructed buildings or single family dwellings, the permit holder must first plant two 2.5" caliper trees from the "Native Species List" in the front yard of the lot on which the newly constructed building is located. When the trees are planted, please call for an inspection. Once verified by staff, a CO may be issued.



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### ZONING APPLICATION FOR NEW PRINCIPAL STRUCTURE OR RENOVATIONS/ADDITIONS TO PRINCIPAL STRUCTURE

Application Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Deposit	Type:	Amount: \$	DH#:
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Zoning application is hereby made for a New Principal Structure or Renovation/Addition 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)**

<b>PLEASE CHECK PERMIT TYPE(S)</b>	<input type="checkbox"/> Zoning	<input type="checkbox"/> Building		
<b>Check all that apply</b>	<input type="checkbox"/> New SFD	<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Electric	<input type="checkbox"/> Land Disturbance
<input type="checkbox"/> Residential	<input type="checkbox"/> Renovation	<input type="checkbox"/> Bldg. Plan Review	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Addendum/Renewal
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	<input type="checkbox"/> Acc. Structure	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other: _____

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

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

<b>Property Information</b>	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**

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

<b>Construction</b>	<input type="checkbox"/> Framed	<input type="checkbox"/> Modular	<input type="checkbox"/> Other (specify):		Year
<b>Foundation</b>	<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
<b>Square Footage</b>	1 <sup>st</sup> floor sq. ft.		2 <sup>nd</sup> floor sq. ft.	3 <sup>rd</sup> floor sq. ft.	Total sq. ft.
<b>Basement</b>	<input type="checkbox"/> Finished	Sq. ft.	<input type="checkbox"/> Unfinished	Sq. ft.	<input type="checkbox"/> Partial <input type="checkbox"/> Crawlspace
<b>Walls</b>	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Masonry Bearing	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other
<b>Exterior</b>	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Stone <input type="checkbox"/> Other
<b>Roof</b>	<input type="checkbox"/> Manufactured Trusses		<input type="checkbox"/> Field Frame	<input type="checkbox"/> Other (specify):	

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

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

<b>Alarms / Amusements</b>	Type:	Number:
<b>Tent</b>	Size:	Occupant Load: <input type="checkbox"/> Cooking
<b>Landscaping</b>	Total Trees Removed:	

<b>Description of Work (Required):</b>	
<b>Estimated Cost of Work to be Performed (Required):</b>	\$

<b>Mechanic Lien Agent</b>	Name _____	Telephone No. _____
<input type="checkbox"/> 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 1<sup>st</sup> 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 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.

\_\_\_\_\_

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)	
911 Address Fee	
Land Disturbing (E&S)	
Addendum/Renewal	
Other	
<b>TOTAL ZONING FEES</b>	

<b>Bonds required</b>	
Driveway	
E&S	
Water/sewer	
Sidewalk	

**REQUIRED SIGNATURES**

<b>Property Zoned as:</b>				
Rezoning / Special Exception #			Proffers / Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Height Requirements</b>				
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.				
Parking Required <input type="checkbox"/> Yes <input type="checkbox"/> No How many spaces? _____				
Setbacks: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corner Lot				
Front	Proposed		Required	
Back	Proposed		Required	
Right	Proposed		Required	
Left	Proposed		Required	
Comments:				

<b>Zoning Administrator</b>		<b>Date</b>		
Tree Replantings:				
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: \$		
Comments:				

<b>Environmental Planner</b>		<b>Date</b>		
Comments:				

<b>Building Official/ Inspector</b>		<b>Date</b>		
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**CHESAPEAKE BAY PRESERVATION OVERLAY DISTRICT**

Environmental Information	Square Feet of Lot	Square feet of structure to be built (length X width)
<b>Square feet of structures/uses (to be built or existing)</b>		
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 (%):		

(↑This chart must be filled in – do not reference “See site plan”)

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, TRADESMAN CERTIFICATION CARD, TOWN BUSINESS LICENSE.



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**WATER/SEWER AVAILABILITY & CONNECTION REQUEST**

I, \_\_\_\_\_, hereby submit this request for connection to the Town of Colonial Beach's water/sewer systems.

The location of the property is:

Street(s): \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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➤ **Department of Planning & Community Development**

Permit Number: \_\_\_\_\_ - \_\_\_\_\_

➤ **Availability - To be completed by Director of Public Works:**

- Yes, water and sewer are available for connection at this location  
 No, water and sewer are NOT currently available for connection at this location. Connections cannot be completed until an engineered plan is submitted, approved, bonded, and installed.

Signature of Public Works Director \_\_\_\_\_ Date \_\_\_\_\_

- Upon Completion Forward to: Finance Department

➤ **To be completed by Director of Finance**

Payment received on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
mm/dd/yy

Signature of Finance Director \_\_\_\_\_ Date \_\_\_\_\_

- Upon Completion Forward to: Town Manager

➤ **To be completed by Director of Public Works:**

Connection completed on \_\_\_\_\_.  
mm/dd/yy

Signature of Public Works Director \_\_\_\_\_ Date \_\_\_\_\_

- Upon Completion Forward to: Finance Department



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**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, addition or demolition 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/ Agent: \_\_\_\_\_

**Party responsible for Erosion and Sediment Control and Certification Number**

Name: \_\_\_\_\_

Certification #: \_\_\_\_\_



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AGREEMENT IN LIEU OF A STORMWATER MANAGEMENT PLAN  
SINGLE-FAMILY DETACHED RESIDENTIAL STRUCTURE

CONSTRUCTION ACTIVITY OPERATOR:

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

LOCATION OF SINGLE-FAMILY DETACHED RESIDENTIAL STRUCTURE:

Address/Description of Location: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County (if not located within a City): \_\_\_\_\_

In place of a Stormwater Management Plan for the construction of this single-family detached residential structure, I agree to comply with the requirements of this Agreement in Lieu of a Stormwater Management Plan (or other requirements as established by the Department when necessary) to ensure compliance with the applicable post-construction stormwater management provisions of the Virginia Stormwater Management Program (VSMP) Regulations.

**REQUIREMENTS:**

- As required by the Construction General Permit (VAR10), a copy of this signed and dated Agreement in Lieu of a Stormwater Management Plan shall be maintained in my Stormwater Pollution Prevention Plan (SWPPP) for the construction activity.
- Post-construction runoff from the property shall be minimized to the maximum extent practicable and shall be controlled to prevent flooding or erosion damage from occurring on adjacent or downstream properties. In meeting this requirement, I agree to direct:
  - Runoff from rooftops as non-erosive sheet flow to well-vegetated areas on the property to the maximum extent practicable;
  - Runoff from on-lot impervious surfaces (e.g. driveways, parking areas, sidewalks) as non-erosive sheet flow to well-vegetated areas on the property to the maximum extent practicable; and
  - Runoff from lawns as non-erosive sheet flow to undisturbed naturally-vegetated areas on the property to the maximum extent practicable.

I fully understand that not complying may result in the revocation of this Agreement in Lieu of a Stormwater Management Plan and that the submission of a project-specific Stormwater Management Plan in accordance with 9VAC25-870-55 of the VSMP Regulations may be required.

This Agreement in Lieu of a Stormwater Management Plan does not authorize land disturbance. **Land disturbing activities cannot begin until the applicable Virginia Erosion and Sediment Control Program (VESCP) Authority provides authorization.**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**MEMORANDUM**

**TO:** All applicants for building permits for renovation or demolition  
**FROM:** Dexter Monroe, Building Official  
**DATE:** April 23, 2015  
**SUBJECT:** Asbestos Certification Form

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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: \_\_\_\_\_

(next page)

**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 inspection 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 inspection 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.

**EMERGENCY WAIVER REQUEST**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



Accounting/Finance Use Only

FINANCE ID: \_\_\_\_\_

DLI PERMIT NUMBER: \_\_\_\_\_  
(If amended, indicate the original permit number)

**PERMIT APPLICATION AND NOTIFICATION FOR ASBESTOS REMOVAL AND DEMOLITION**

**Section 1 - Type of Notification (Check the box that indicates the type of notice you are submitting)**

Original       Amendment/Revision       Cancellation       Blanket       Phased

**Section 2 - Type of Operation (Check the box that indicates the type operation you will be performing)**

Asbestos Removal     Emergency Asbestos Removal     Asbestos Removal & Demolition     Demolition     Encapsulation

**Section 3 – Facility Owner Information**

Name:

Address:

City:

State:

Zip:

Contact:

Telephone #:

**Section 4 – Asbestos Removal Contractor Information (complete ALL of Section 4, if this is a Removal/Abatement Operation)**

Name:

License #:

Federal Employer ID #:

Address:

City:

State:

Zip:

Contact:

Telephone #:

**Section 5 - Demolition Contractor Information (complete ALL of Section 5, if this is a Demolition Operation)**

Name:

Address:

City:

State:

Zip:

Contact:

Telephone #:

**Section 6 - Facility Information**

Building Name:

Address:

City:

State: VA

Zip:

Site Location:

Building Size:

# of Floors:

Age in Years:

Present Use:

Bridge       Military/ Federal       School/College  
 Commercial       Office       Ship/Maritime  
 Church/Place of Worship       Public Building       Vacant  
 Industrial/Manufacturing       Residential       Other: Click here.

Prior Use:

Bridge       Military/ Federal       School/College  
 Commercial       Office       Ship/Maritime  
 Church/Place of Worship       Public Building       Vacant  
 Industrial/Manufacturing       Residential       Other: Click here.

**Section 7- Work Schedules**

Check if this section is being revised from a previous submittal

Removal/Abatement (Submit notification 20 calendar days prior to start)

Days of Operation:     Mon.-Fri.     Sat.- Sun.

Start:

Finish:

Other:     Mon     Tues     Wed     Thu     Fri     Sat     Sun

Demolition (Submit notification 10 working days prior to start)

Hours of Operation: \_\_\_\_\_ AM/PM - \_\_\_\_\_

Start:

Finish:

Comments: \_\_\_\_\_

IS ASBESTOS PRESENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be removed prior to demolition				
<b>Section 8 - ACM To Be Removed</b>		Check if this section is being revised from a previous submittal <input type="checkbox"/>		
Indicate the amount of ACM (Asbestos Containing Material) to be removed, encapsulated, enclosed, etc.		Indicate the amount and type (floor tile, roofing, etc.) of nonfriable Category I and/or Category II ACM that will not be removed prior to demolition. (indicate whether in ft, sq ft, or cu ft.)		
Description	Amount	Description	Amount	Units
Pipe (linear feet)		Category I		
Surface Area (square feet)		Category II		
Facility Component (cubic feet)				
<b>Section 9 - Work Procedures</b>		Check if this section is being revised from a previous submittal <input type="checkbox"/>		
Procedure, including analytical method, if appropriate, used to detect the presence of asbestos: <input type="checkbox"/> PLM <input type="checkbox"/> TEM <input type="checkbox"/> Presumed ACM				
Inspector:		License#:		
Asbestos Removal or Demolition Work Practices to be Used (Check all that apply) :				
<b>Asbestos Removal</b>		<b>Demolition</b>		
<input type="checkbox"/> Containment	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer/Loader	<input type="checkbox"/> Wrecking Ball	
<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Roof Cutter	<input type="checkbox"/> Hand/Manual Methods	<input type="checkbox"/> Implode/Explode	
<input type="checkbox"/> Negative Pressure	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Live Burn Training		
<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<input type="checkbox"/> Other		
<input type="checkbox"/> Other - Description of work practices and engineering controls to be used to prevent emissions of asbestos if procedures other than approved methods will be used:				
Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder:				
<b>Section 10 - Emergency Waiver Request</b>				
Check the Emergency Waiver Request box on page 1 and attach a letter from the facility owner explaining the nature of the emergency.				
Date and Hour of Emergency: _____ Time: _____				
Description of Sudden, unexpected event: _____				
Explanation of how the event caused unsafe conditions or would cause equipment damage: _____				
<b>Section 11 - Demolition Ordered by A Government Agency</b>				
Name:		Title:		
Authority:				
Date Ordered:		Date Demolition Ordered to Begin:		
<b>Section 12 -Transporters and Waste Disposal Site</b>				
Check if this section is being revised from a previous submittal <input type="checkbox"/>				
<b>Transporter #1:</b>				
Address:				
City:	State:	Zip:		
Contact:	Telephone:			
<b>Transporter #2:</b>				
Address:				
City:	State:	Zip:		
Contact:	Telephone:			
<b>Waste Disposal Site:</b>				
Address:				
City:	State:	Zip:		
Contact:	Telephone:	Landfill permit#:		

<b>Section 13 - Fees</b>									
<p>The asbestos project permit fee, when applicable, <b>MUST</b> be submitted with the completed project notification form. The fee shall be in accordance with the following schedule unless a blanket notification (as described below) is granted. <b>If the amount of the asbestos is reported in both linear feet and square feet the amounts will be added and treated as if the total were all in square feet.</b></p> <p>The asbestos project permit fee may be paid by check, money order, or credit card (VISA and MASTERCARD only). Make checks payable to the <b>TREASURER OF VIRGINIA</b>. If payment is made by credit card, complete the Credit Card Authorization Form and submit with the application.</p> <p><input type="checkbox"/> \$50 - 10 linear feet or 10 square feet up to and including 260 linear feet or 160 square feet</p> <p><input type="checkbox"/> \$160 - 261 linear feet or 161 square feet up to and including 2600 linear feet 1600 square feet</p> <p><input type="checkbox"/> \$470 - 2601 linear feet or 1601 square feet or more.</p> <p><input type="checkbox"/> \$15 - amended notification</p> <p><input type="checkbox"/> Blanket notification - 0.5% of the contract price or \$470 whichever is greater. A blanket notification, valid for a period of one year, may be granted to a contractor who enters into a contract for asbestos removal or encapsulation on a specific site which is expected to last one year. Include of copy of the contract with the notification. Contract price \$ <a href="#">Click here</a>. X .005 (.5%) = \$ <a href="#">Click here</a>.</p> <p><input type="checkbox"/> \$0 –Residential buildings with four or fewer units and are currently in use or intended for use only for residential purposes are exempt from asbestos project permit fees.</p> <p><input type="checkbox"/> \$0 – An asbestos project permit fee is not required for asbestos removal at Federal Government properties, military installations, ships, maritime and demolition operations.</p> <p>Enter the total fee due for the project: \$ _____</p>									
<b>Section 14 - Certification</b>									
Check if this section is being revised from a previous submittal <input type="checkbox"/>									
<p>I certify that an individual trained in the provisions of the NESHAP regulations will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available at the project site for inspection. (40 CFR Part 61, Subpart M, required after November 20, 1991)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Supervisor:</td> <td style="width: 50%;">License #:</td> </tr> <tr> <td>Project Monitor:</td> <td>License #:</td> </tr> <tr> <td>Project Designer:</td> <td>License #:</td> </tr> <tr> <td>Laboratory:</td> <td>License #:</td> </tr> </table> <p>I certify that the information submitted is accurate to the best of my knowledge and that accredited persons are being used on this project.</p> <p>Name: _____ Title: _____</p> <p>Signature: _____ Date: _____</p> <p style="text-align: center;"><b>Please make sure that all required fields have been completed. Incomplete notifications will not be processed.</b></p>		Supervisor:	License #:	Project Monitor:	License #:	Project Designer:	License #:	Laboratory:	License #:
Supervisor:	License #:								
Project Monitor:	License #:								
Project Designer:	License #:								
Laboratory:	License #:								
<b>Section 15-Submission Address notifications as described below:</b>									
<p>Original notifications must be sent by FAX, certified mail, or hand delivered to the department at the address below.</p> <p>DEPARTMENT OF LABOR AND INDUSTRY          Attention: Accounting/Finance          Main Street Centre          600 East Main Street, Suite 207          RICHMOND, VA. 23219          FAX (804) 371-7634</p>	<p>The US EPA must also be notified for demolition operations and renovation operations when the amount of RACM disturbed is at least 160 sq. ft./260 in. ft/35 cu. ft. This form may be used to fulfill this requirement. Notifications required by the US EPA must be <u>mailed</u> to the address below:</p> <p>ASBESTOS COORDINATOR          USEPA          REGION III          MAIL CODE 3LC62          1650 ARCH STREET          PHILADELPHIA, PA 19103-2029</p>								
<p>For additional information concerning the completion of this form, please contact the Virginia Department of Labor and Industry Lead and Asbestos Program at (804) 786-9865 or visit our web site at <a href="http://www.doli.virginia.gov/leadasbestos/leadasbestos_intro.html">http://www.doli.virginia.gov/leadasbestos/leadasbestos_intro.html</a></p>									



COMMONWEALTH OF VIRGINIA



DEPARTMENT OF LABOR AND INDUSTRY

### CREDIT CARD AUTHORIZATION FORM

**Non-Fillable Form**

This information is confidential. This form will only be kept by the Department of Labor and Industry Finance Department. Please print, complete and submit with applicable documentation. Incomplete forms may be returned for completion, which will delay processing. **(Please Print Legibly)**

Company Name: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Name Listed on Credit Card: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Daytime Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Reference/Invoice/Inspection Number (if applicable) \_\_\_\_\_ (9 digits)

Credit Card Type:  Visa  MasterCard (Only Check One)

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_(Month/Year) Payment Amount: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize the Department of Labor and Industry to process payment for all charges as indicated above. If additional charges are going to be authorized, a new form will have to be completed.

Mail or Fax Completed Form to:  
Department of Labor and Industry  
Attention: Accounting / Finance  
Fax: 804-371-7634

600 East Main Street, Suite 207  
Richmond, VA 23219  
Payment Questions: (804)786-9876

**FINANCE USE ONLY**

- PROGRAM:
- ASBESTOS/LEAD
  - BOILER
  - LABOR LAW
  - APPRENTICESHIP
  - CONFERENCE
  - VOSH
  - FOIA
  - ADMINISTRATION
  - OTHER

FINANCE ID # \_\_\_\_\_

DATE: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_