



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

ZONING APPLICATION FOR RENOVATIONS, ADDITIONS, ACCESSORY STRUCTURES
 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)

Check all that apply	<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: _____

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
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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
Landscaping	Total Trees Removed:		

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

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 (%):		

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

Other Information or notes to be provided here:

Mechanic Lien Agent	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 1st inspection.

Print Name	Contractor Signature	Date
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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
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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
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Note: This Page is for office use only

RESIDENTIAL COMMERCIAL

Gen. Zoning Fees	
Plan Review (Site)	
911 Address Fee	
Land Disturbing (E&S)	
Addendum/Renewal	
Other	
TOTAL ZONING FEES	

Bonds required	
Driveway	
E&S	
Water/sewer	
Sidewalk	

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.				
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:				

Zoning Administrator		Date
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:		

Environmental Planner		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, TOWN BUSINESS LICENSE.