



# Miscellaneous Permit Application Checklist

This application is required for issuance of non-residential building permits. Please complete all areas of this application that apply to your type of construction. This checklist provides a list of the required documents for the issuance of a residential building permit.

## Application and Related Documents

Yes No N/A

- Plan Review Approval. (Prior to issuance of the building permit, two sets of plans must be submitted to the building department for review and approval. This is generally a two to four week process. The building permit cannot be issued until plans have been approved. A review fee will be added at time of permit issuance for commercial permits.
- Completed Permit Application
- Land Use Permit (when applicable) obtained from Planning & Community Development 540-483-3027.
- Proof of Ownership (if not in property records) or letter from property owner\*
- Zoning approval will be required for construction located in the Town of Rocky Mount or in the Town of Boones Mill.

**\*NOTE:** Property ownership, as verified through Franklin County Real Estate Tax Records, will reflect the permit holder. If the permit is to be issued in another name, a written letter from the existing property owner(s) giving permission for the specific structure on the property is required. The Real Estate Tax Identification number, subdivision name and lot number (if applicable) for the property is to be included in this letter. This statement is to be signed and dated by **all** property owner(s) – original signatures are required

Fees must be paid when building permit is issued. Acceptable methods of payment include check or cash. We do not accept credit or debit cards for payment at this time.

**County of Franklin – Building Inspections Office**  
120 East Court St., Rocky Mount, VA 24151  
Phone: 540-483-3047; Fax 540-483-6665  
Office Hours: Monday-Friday 8:00 A.M. - 4:30 P.M.



# Franklin County

*A Natural Setting for Opportunity*

Department of Building Inspections  
120 East Court St., Rocky Mount, VA 24151  
Phone (540)483-3047; Fax (540)483-6665

(Office Use Only)  
Application # \_\_\_\_\_

Date of Application \_\_\_\_\_

## MISCELLANEOUS PERMIT APPLICATION

RESIDENTIAL

NON-RESIDENTIAL

### CATEGORY OF CONSTRUCTION (check all applicable)

AMUSEMENT DEVICE

BOAT DOCK

DISTRIBUTION TERMINAL/FACILITY

ELEVATOR

MOVING/RELOCATION

RETAINING WALL

SIGN

STORAGE TANK

SWIMMING POOL

TENT

TOWER/ANTENNA

OTHER \_\_\_\_\_

Estimated Value/Cost \$ \_\_\_\_\_

### SCOPE OF WORK (Describe work briefly, but thoroughly)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### JOB SITE INFORMATION

Job Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Tract # \_\_\_\_\_ Section # \_\_\_\_\_

Tax Map/Parcel # \_\_\_\_\_

Directions to Job Site from Rocky Mount: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### APPLICANT (If Other Than Owner Applies For Permit)

Name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address \_\_\_\_\_

## AMUSEMENT DEVICES

Note: A third party inspection certificate is required for this permit to receive a Certificate of Completion.

Device description: \_\_\_\_\_  
Device set-up location \_\_\_\_\_ Device to be used for what period of time? \_\_\_\_\_  
Responsible Party/Installer Information: (If contractor is used, please also complete contractor roster)  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## BOAT DOCKS

Note: Copies of AEP and Land Use approval(s) are required prior to issuing this permit. Contractor information required as applicable.

# Boat Slips: \_\_\_\_\_ # PWC Lifts: \_\_\_\_\_

DIMENSIONS:						Sq. Ft.
Stationary:	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____
Floater:	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____
Boat Slips/PWC:	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____
Walkway:	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____

Will electricity be provided to dock? Yes  No   
If Yes, AEP Work Order # \_\_\_\_\_

TYPE OF ROOF MATERIAL :  Shingles  Metal  Shakes  Other \_\_\_\_\_ Total Square Feet \_\_\_\_\_

## DISTRIBUTION TERMINAL/FACILITY

Approvals from other County departments may be necessary prior to issuance of this permit. A general contractor is required & others as applicable.

(Circle One) INSTALLATION      REMOVAL      (Circle One) UNDERGROUND      ABOVE GROUND

TANK CONTENTS:  Propane  Fuel Oil  Diesel  Gasoline  Other \_\_\_\_\_

SUPPLEMENTAL SYSTEMS TO BE INSTALLED:

FUEL LINES: Yes <input type="checkbox"/> No <input type="checkbox"/>	# Tanks _____	# Gallons _____
ELECTRICITY: Yes <input type="checkbox"/> No <input type="checkbox"/>	# Tanks _____	# Gallons _____
	# Tanks _____	# Gallons _____

## ELEVATOR

Note: A third party inspection certificate is required for this permit to receive a Certificate of Completion. A general contractor and electrical contractor are required and others as applicable.

DESCRIPTION \_\_\_\_\_  
MANUFACTURER \_\_\_\_\_ YEAR \_\_\_\_\_ CAPACITY(lbs.) \_\_\_\_\_  
Responsible Party/Installer Information: (If contractor is used, please also complete contractor roster)  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## MOVING/RELOCATION

Note: General contractor required and others as applicable. This permit is designed for relocating an existing building to an existing foundation. In the event that a new foundation or new building is constructed, this permit does not apply.

CURRENT ADDRESS OF STRUCTURE: \_\_\_\_\_  
RELOCATION ADDRESS OF STRUCTURE: \_\_\_\_\_  
Dimensions of structure: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

## RETAINING WALL

# OF INDIVIDUAL WALLS _____	WALL MATERIAL: Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other <input type="checkbox"/> _____
WALL HEIGHT (Total Feet) _____	WALL LENGTH (Total Feet) _____
AMOUNT OF FILL AGAINST WALL (In Feet) _____	WALL WILL BE RETAINING: Soil <input type="checkbox"/> Other <input type="checkbox"/> _____

## SIGNS

Note: General contractor required and others as applicable. Zoning approval is required prior to issuing permit.

DIMENSIONS OF SIGN: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ WILL SIGN BE ILLUMINATED? Yes  No

SIGN MATERIAL: Steel  Wood  Brick  Other  \_\_\_\_\_

## STORAGE TANKS

Approvals from other County departments may be necessary prior to issuance of this permit. A general contractor is required & others as applicable.

(Circle One) INSTALLATION      REMOVAL  
TANK CONTENTS:  Propane    Fuel Oil    Diesel    Gasoline    Other \_\_\_\_\_  
SUPPLEMENTAL SYSTEMS TO BE INSTALLED  
Fuel Lines: Yes  No   
Electricity: Yes  No   
(Circle One) UNDERGROUND      ABOVE GROUND  
# Tanks \_\_\_\_\_ # Gallons \_\_\_\_\_  
# Tanks \_\_\_\_\_ # Gallons \_\_\_\_\_  
# Tanks \_\_\_\_\_ # Gallons \_\_\_\_\_

## SWIMMING POOLS

Note: A general contractor is required & others as applicable.

LOCATION: Interior  Exterior       TYPE: In Ground  Above Ground  Permanent  Storable   
DESCRIBE POOL MATERIALS \_\_\_\_\_  
WILL POOL HAVE DECK/PATIO? Yes  No  If Yes, Dimensions \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Supplemental Systems To Be Installed: Electrical: Yes  No  Heating: Yes  No  If Yes, Type \_\_\_\_\_

## TENTS & MEMBRANE STRUCTURES

Total covered overhead area (sq. ft.) \_\_\_\_\_ Tent is to remain in use for what period of time? \_\_\_\_\_  
Purpose of Tent: \_\_\_\_\_  
Responsible party/installer information: (if contractor is used, fill out contractor information then mark N/A below)  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TOWERS & ANTENNAS

Note: General contractor required and others as applicable. Application must be accompanied with sealed plans.

Circle One: CO-LOCATION      NEW TOWER      Tower Height (maximum in feet) \_\_\_\_\_  
TOWER MATERIAL (i.e. steel) \_\_\_\_\_ Is a foundation system required by tower designer? Yes  No   
Supplement systems to be installed: ELECTRICITY? Yes  No  EQUIPMENT BUILDING? Yes  No

## CERTIFICATION

I hereby certify that I am the owner of record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s). I affirm that the information given in this application is correct at the time of submittal. I recognize any changes to the information given in this application require written notification to the Building Inspections Department.

Signature of Applicant \_\_\_\_\_

Please Print Your Name \_\_\_\_\_

Date \_\_\_\_\_



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*A Natural Setting for Opportunity*

120 East Court Street  
Rocky Mount, VA 24151  
(P) 540-483-3047  
(F) 540-483-6665

**THIS FORM (BOTH PAGES) MUST BE COMPLETED WHEN LICENSED CONTRACTORS ARE USED.**

Date: \_\_\_\_\_ Job Amount: \$ \_\_\_\_\_

Applicant/Owner: \_\_\_\_\_

Job Location: \_\_\_\_\_

Virginia Board for Contractors Regulations requires work totaling \$1,000.00 or more to be made by licensed Virginia Contractors or eligible exempt individuals. Section 54.1-1111, in the Code of Virginia requires the building inspector or other authority to have the applicant furnish license information or evidence of exemption prior to the issuance of the building permit.

The provisions of this section apply to Owners acting as general contractors, General Contractors, Sub-Contractors, Builders and Developers, Tenants and other persons applying for permits. This form is to be completed and returned along with your permit application.

\*If any below fields are not applicable, please designate those fields by indicating "n/a".

I, the undersigned, declare under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

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## MECHANICS LIEN AGENT

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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## GENERAL CONTRACTOR

Name: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**ROSTER OF SUB CONTRACTORS**  
(List information as it appears on the contractors license)

Name: \_\_\_\_\_ Type of Work: **FOUNDATION**

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: **PLUMBING**

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: **ELECTRICAL**

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: **HVAC**

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: **GAS FITTER**

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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