



# Non-Residential Construction 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.
- Proof of WWA (Western Virginia Water Authority) connection fee payments on parcels where WWA services are available.
- 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\*
- Notarized form required for **new structures** and **demolition** permits if **anyone other than the landowner is applying for the permit.**
- Health Department construction permit for septic and/or well. Private septic systems require letter from appropriate agency (when applicable).
- 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.

### ***Development Services-Office of Building Inspections***

1255 Franklin St., Suite 103, 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

Development Services-Dept. of Building Inspections  
1255 Franklin St., Suite 103, Rocky Mount, VA 24151  
Phone (540)483-3047; Fax (540)483-6665

(Office Use Only)

Application # \_\_\_\_\_

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

## **NON-RESIDENTIAL PERMIT APPLICATION**

### **TYPE OF WORK**

NEW CONSTRUCTION

MECHANICAL

REPAIR/REPLACEMENT

ADDITION

DEMOLITION

ELECTRIC (Circle) New or Upgrade

ALTERATION

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

### **CATEGORY OF CONSTRUCTION**

Building Primary Use \_\_\_\_\_

Building Secondary Use \_\_\_\_\_

Accessory Building? Type \_\_\_\_\_

Accessory Structure (describe) \_\_\_\_\_

Other (describe) \_\_\_\_\_

### **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 \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

**NEW CONSTRUCTION/ADDITIONS**

*(Check Applicable Areas For Each That Applies To Your Construction)*

**FOUNDATION MATERIAL**

- Concrete
- Block
- ICF
- Other \_\_\_\_\_

**FOUNDATION TYPE**

- Basement
- Crawl
- Slab
- Column/Pier

**FRAMING MATERIAL**

- Wood
- Metal
- Other \_\_\_\_\_

**EXTERIOR MATERIAL**

- Vinyl
- Brick
- Masonry
- Wood
- Steel
- Other \_\_\_\_\_

**INTERIOR MATERIAL**

- Sheetrock
- Plaster
- Logs
- Tile
- Panel
- Other \_\_\_\_\_

**ROOFING TYPE**

- Shingle
- Metal
- Shakes
- Flat Roof
- Other \_\_\_\_\_

**HEATING SOURCE**

- Heat Pump
- Hot Water
- Gas
- Oil
- Electric
- Other \_\_\_\_\_

**FIREPLACES**

- No
- Yes
- If Yes, How Many? \_\_\_\_\_
- If Yes, What Type? \_\_\_\_\_
- Masonry
- Metal

**FLUES**

- No
- Yes
- If Yes, How Many? \_\_\_\_\_
- If Yes, What Type? \_\_\_\_\_
- Masonry
- Metal

**ANY GAS APPLIANCES**

- No
- Yes

**RETAINING WALL**

- No
- Yes
  - Attached
  - Detached

**PLUMBING**

- Rough-In Only for Future Bath*
- Yes
  - No

TOTAL # OF ROOMS \_\_\_\_\_ #FULL BATHS \_\_\_\_\_ #HALF BATHS \_\_\_\_\_

TOTAL # OF STORIES (above grade) \_\_\_\_\_ # OF UNITS \_\_\_\_\_

MAXIMUM # OF OCCUPANTS (employees & customers) \_\_\_\_\_

**ELECTRIC**

# AMPS \_\_\_\_\_ *Circle One* NEW SERVICE      UPGRADE      RECONNECT

AEP Work Order # \_\_\_\_\_ *Call 1-800-956-4237 to apply for service. (Work Order # required to schedule inspection.)*

**WATER & SEWER**

WATER SOURCE       Individual/Private       Municipal/Public

SEWAGE       Individual/Private       Municipal/Public

Water/Sewage/Well/Septic# \_\_\_\_\_

**SPRINKLER SYSTEM**

Will a Sprinkler System Be Installed? *Circle*       Yes       No

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## DEMOLITION

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Describe Structure That Is Being Demolished \_\_\_\_\_

Address of Structure \_\_\_\_\_

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## SQUARE FOOTAGE

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**BASEMENT:**

**FINISHED** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft  
**UNFINISHED:** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft  
**GARAGE:** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

**MAIN LEVEL:** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft  
dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

**2<sup>ND</sup> LEVEL:** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

**3<sup>RD</sup> LEVEL:** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

**GARAGE** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft  
(Carport,)  
(Drive-Thru)

**PORCHES:** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

**DECKS:** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

**PATIOS:** dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

**Total Area** \_\_\_\_\_ sq. ft.

Any Additional Areas?  Yes  No (If so, please include on separate sheet)

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## CERTIFICATION

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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 \_\_\_\_\_

Office Use Only: Application # \_\_\_\_\_



## Franklin County

1255 Franklin St., Suite 103  
Rocky Mount, VA 24151  
Phone 540-483-3047  
Fax 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 54.1-111, 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 applications.

\*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 \_\_\_\_\_

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### GENERAL CONTRACTOR

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Expiration Date \_\_\_\_\_

**ROSTER OF SUB CONTRACTORS**  
(List information as it appears on the contractor's license)

Name \_\_\_\_\_ Type of Work **FOUNDATION**  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_  
State License # \_\_\_\_\_ License Level (A, B or C)  
Expiration Date \_\_\_\_\_ Value \$ \_\_\_\_\_

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Name \_\_\_\_\_ Type of Work \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
State License # \_\_\_\_\_ License Level (A, B or C)  
Expiration Date \_\_\_\_\_ Value \$ \_\_\_\_\_

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Franklin County  
*A Natural Setting for Opportunity*

*Department of Building Inspections*

**NOTARIZED AFFIDAVIT**

*This form is required prior to issuance of permits for new residential dwellings, non-residential structures of demolition of residential homes or non-residential structures.*

Date \_\_\_\_\_

Print Owner/and Co-Owner(s) \_\_\_\_\_  
(All owners of record required to be listed)

\_\_\_\_\_

Parcel ID # \_\_\_\_\_

District \_\_\_\_\_

Please accept this letter as authorization to issue a building permit to my direct agent.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

For construction or demolition on the above referenced parcel.

Any changes to this direction shall be required in writing and delivered to the above noted Franklin County Building Inspections Department.

Signature of Owner/and Co-Owner(s) \_\_\_\_\_  
(All owners of record required to sign)

\_\_\_\_\_

\_\_\_\_\_

.....  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_