



Residential Construction Permit Application Checklist

This application is required for issuance of 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

- Completed Permit Application
- Land Use Permit (when applicable-typically when the building footprint has increased) obtained from Development Services/ 540-483-3027.
- Proof of WVWA (Western Virginia Water Authority) connection fee payments on parcels where WVWA services are available.
- Proof of Ownership (if not in property records) or letter from property owner*; manufactured homes in Mobile Home Parks require copy of lease agreement.
- Notarized form required for **new dwellings** 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).
- Two sets of 1/4" scale plans (including Foundation, Floor and a Through Section Detail plan). Each level must have a floor plan that designates Braced Wall Panel types, panel lengths, and locations. Wall heights for each level must also be provided. Manufactured homes installed on a basement require a sealed plan, with a Virginia's engineer or architect seal on the foundation plan. The foundation plan must include footing, foundation wall, column and beam sizes.
- 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. Notarized authorization form required for new residence or demolition permit is also required.

****Foundation walls may require a letter or print that details the foundation wall type, height of wall, height of backfill, wall thickness and reinforcement schedule. (Ref. Applicable USBC)**

****All foundation walls over 10' are required to be designed by a Virginia registered design professional.**

Fees must be paid when building permit is issued. Acceptable methods of payment include check or cash. Individuals who have established an Energov Citizen Access Portal account can submit payments online.

Development Services – Dept. 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
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Phone (540)483-3047; Fax (540)483-6665

(Office Use Only)

Application # _____

Date of Application _____

RESIDENTIAL PERMIT APPLICATION

TYPE OF WORK

- | | |
|---|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> ELECTRIC (circle) New or Upgrade |
| <input type="checkbox"/> REPAIR/REPLACEMENT | <input type="checkbox"/> DEMOLITION |

Estimated Value/Cost \$ _____

- APARTMENT, CONDO, MOTEL, HOTEL (Note: Plans must be received & approved prior to permit issuance)
- MULTI-FAMILY (Duplex/Townhouse) (Note: Plans must be received & approved prior to permit issuance)
- SINGLE FAMILY DWELLING
- ACCESSORY BUILDING Type: _____
- MODULAR DWELLING (circle) On Frame Off Frame
- HUD MANUFACTURED/MOBILE HOME

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 # _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

NEW CONSTRUCTION/ADDITIONS/MANUFACTURED HOMES

(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 _____ (excluding baths) #BEDROOMS _____ #FULL BATHS _____ #HALF BATHS _____

TOTAL # OF STORIES (above grade) _____

MANUFACTURED/MOBILE HOMES ALSO COMPLETE FOLLOWING INFORMATION

TYPE: (Circle One) SINGLE DOUBLE TRIPLE
MANUFACTURER/MAKE _____ MODEL _____ COLOR _____
YEAR MODEL _____ DIMENSIONS: Length _____ Width _____
SKIRTING (Circle Type to Be Used) VINYL BLOCK BRICK ROCK METAL OTHER _____
Previous Owner _____ New Owner _____ Landowner _____

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# _____
Will a Sprinkler System Be Installed? Circle Yes No *(Required for all applications)*

DEMOLITION

Describe Structure That Is Being Demolished _____

Address of Structure _____

SQUARE FOOTAGE

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

2ND LEVEL: dimensions _____ x _____, _____ x _____, _____ x _____ area: _____ sq ft

3RD LEVEL: dimensions _____ x _____, _____ x _____, _____ x _____ area: _____ sq ft

GARAGE (Or Carport) dimensions _____ x _____, _____ x _____, _____ x _____ area: _____ sq ft

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)

Is the deck/patio covered? Yes No # Covered Decks/Patios _____

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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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)

MECHANICS LIEN AGENT

Business Name _____ Phone () _____

Business Address: _____

City _____, State _____ Zip _____

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 \$ _____

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

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

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

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

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

(Office Use Only)

Application # _____

Self Affidavit

THIS FORM MUST BE COMPLETED IF:

- (1) INDIVIDUAL IS ELIGIBLE FOR EXEMPTION FROM LICENSURE**
- (2) LICENSED CONTRACTORS ARE NOT PROVIDED IN THIS APPLICATION**

I, (print name) _____, of

(subdivision name) _____

Affirm that I am the owner of a certain tract or parcel of land located at:

(mailing address) _____ and that

I have applied for a Building Permit.

I affirm that I am familiar with the prerequisites of Section 54.1.111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.

(Please check applicable boxes)

Contractor

Plumbing

Electrical

Mechanical

I understand that the Affidavit that I signed is affirming that I have listed "Self" as contractor for my Building Construction and this building is for the owner use only.

I realize that if I hire anyone doing more than \$1,000 work on my construction, I am liable for making sure that the person or persons is licensed by the State Board of Contractors, as per Section 54.1.115 of the Code of Virginia and that according to the Code of Virginia Section 54.1.115, Item #6, hiring an unlicensed contractor for work constitutes a Class I Misdemeanor.

If I hire anyone to do Electrical, Plumbing or Mechanical and Gas Fitting work, I am liable for making sure each such person(s) holds Tradesman Certification. If the trades work exceeds \$1,000, I am also liable to verify the tradesman has a Virginia Contractors license.

Signature _____

Date _____



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APPLICATION FOR CURRENT ONLY NO OCCUPANCY*

PERMIT # _____
(Office Use Only)

In signing this application, I FULLY UNDERSTAND this is for current only.

I realize that NO OCCUPANCY can be made until all final inspections are completed, approved and a CERTIFICATE OF OCCUPANCY has been obtained.

I understand that if I occupy, or allow occupancy, in any manner, I am not in compliance with the "Virginia Uniform Statewide Building Code" and hereby I am giving permission for the Franklin County Inspections Department to have my electric meter disconnected and removed.

Signature – (Owner, Contractor, Applicant-please circle one)

Date

*Note: No signature required for *manufactured homes* as they may be occupied after electricity has been connected.



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 or 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 _____