Franklin County
A Natural Setting for Opportunity

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.

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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 APPLICATON

☐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 # _____

Total Square Feet _____

TYPE OF ROOF MATERIAL : ☐Shingles ☐Metal ☐Shakes ☐Other _____

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☐ No☐

ELECTRICITY: Yes ☐ No☐

Tanks _____ # Gallons _____

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_____, _____x_____

RETAINING WALL

 # OF INDIVIDUAL WALLS _____

WALL HEIGHT (Total Feet) _____

AMOUNT OF FILL AGAINST WALL (In Feet) _____

WALL MATERIAL: Concrete☐ Block☐ Other ☐ _____

WALL LENGTH (Total Feet) _____

WALL WILL BE RETAINING: Soil ☐ Other☐ _____

SIGNS

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

DIMENSIONS OF SIGN: _____x_____, _____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_____, _____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 _____

Office Use Only: Application #: _____

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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)

MECHANICS LIEN AGENT

Business Name: _____ Phone: ( ) _____

Business Address: _____
City: _____ State: _____ Zip Code: _____

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: $ _____

Name: _____ Type of Work: **PLUMBING**

Address: _____ Phone: ( ) _____

City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____

Expiration Date: _____ Value: $ _____

Name: _____ Type of Work: **ELECTRICAL**

Address: _____ Phone: ( ) _____

City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____

Expiration Date: _____ Value: $ _____

Name: _____ Type of Work: **HVAC**

Address: _____ Phone: ( ) _____

City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____

Expiration Date: _____ Value: $ _____

Name: _____ Type of Work: **GAS FITTER**

Address: _____ Phone: ( ) _____

City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____

Expiration Date: _____ Value: $ _____

Name: _____ Type of Work: _____

Address: _____ Phone: ( ) _____

City: _____ State: _____ Zip Code: _____

State License #: _____ License Level: (A, B, or C) _____

Expiration Date: _____ Value: $ _____