For Office Use Only _____

COUNTY of SUSSEX

COMMERCIAL CONSTRUCTION APPLICATION

(New Construction/Alterations/ Finished & Unfinished Space)

Date_____

Applicant/Contractor's Name:_____

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

Telephone Number: ( ) _____ Work) ( )_____

State License Number _____Expiration Date: _____

Property Owner: _____

Location of the work:_____

Tax District: _____ Tax ID Number _____

PROJECT SPECIFICATIONS

Use Group: _____Minimum Construction Type: _____Occupant Load: _____

Live Load: _____ Edition of Code: _____

Number of Stories: _____ Sq. Ft. per Floor: _____

Total Square Footage: _____Total Value of Construction: _____

Description of work:_____

_____

_____

****See Back for Additional Information needed****

P. O. Box 1397 · Sussex, VA 23884 · Area Code 434/246-4390 · FAX 246-8259

Commercial Building Permit Application

Required Information

	Submitted	
	Yes	N/A
Construction Documents & Plans (2 sets)		
Water Tap Fee receipt		
Sewer Tap Fee Receipt		
Private Sewage Disposal System Permit		
Zoning Permit/Land Disturbing Permit		
CBPA Performance Statement		
Special Inspections Statement		
Health Department approval (Restaurant)		

I _____ hereby certify all documents indicated above are included with this application. If after review the application is deemed incomplete I will be assessed a $50 re-review fee that shall be paid prior to processing the application and issuance of the permit.

Signature: Date:

GENERAL CONTRACTOR:	ADDRESS:
VA.STATE LICENSE NUMBER:	
CLASS / EXPIRATION:	COST ESTIMATE: $

MECHANICAL CONTRACTOR:			
VA.STATE LICENSE NUMBER:		ADDRESS:	
CLASS / EXPIRATION:			
OPERATING DATA	BTU RATING	FUEL TYPE	COST ESTIMATE: $

PLUMBING CONTRACTOR:	ADDRESS:
VA. STATE LICENSE NO:	
CLASS / EXPIRATION:	COST ESTIMATE: $

ELECTRICAL CONTRACTOR:	ADDRESS:
VA. STATE LICENSE:	
CLASS / EXPIRATION:	COST ESTIMATE: $

SHRINK SWELL SOIL DISCLOSURE

I (WE) HAVE, OR MY (OUR) CONTRACTOR HAS APPLIED FOR A BUILDING PERMIT TO ERECT A BUILDING IN SUSSEX COUNTY, VIRGINIA.

THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION R.401.4 LIST SUSSEX COUNTY ALONG WITH MANY OTHER LOCALITIES IN THE STATE OF VIRGINIA AS HAVING A **20%** OR GREATER POTENTIAL FOR SHRINK SOIL IN THIS LOCALITY.

I (WE) HAVE BEEN INFORMED BY THE SUSSEX COUNTY BUILDING INSPECTIONS DEPARTMENT OF THE POSSIBILITY THAT SHRINK SWELL SOIL MAY EXIST ON MY (OUR) BUILDING SITE. I (WE) HAVE ALSO BEEN ADVISED OF THE NATURE OF THE DAMAGE THE PRESENCE OF SHRINK SWELL SOIL MAY CAUSE TO A BUILDING, TO INCLUDE FOOTING FAILURE, FOUNDATION FAILURE AND RESIDENTIAL STRUCTURAL DAMAGE.

I (WE) HAVE FURTHER BEEN ADVISED BY THE SUSSEX COUNTY BUILDING INSPECTIONS DEPARTMENT THAT I (WE) SHOULD CONSULT A PROFESSIONAL ENGINEER FAMILIAR WITH SHRINK SWELL SOIL TO DESIGN MY (OUR) FOOTING AND FOUNDATION. BY SIGNING THIS DOCUMENT, I (WE) AGREE THAT SUSSEX COUNTY AND/OR ITS OFFICIALS WILL BE HELD HARMLESS FOR ANY AND ALL STRUCTURAL FAILURES OR OTHER DAMAGES I (WE) MY INCURE BECAUSE OF THE PRESENCE OF SHRINK SWELL SOIL SHOULD I (WE) DECIDE TO BUILD ON THE SITE IN QUESTION.

DONE THIS _____ DAY OF _____, _____, IN THE COUNTY OF SUSSEX.

OWNER _____ DATE _____

OWNER _____ DATE _____

WITNESS _____ DATE _____

WITNESS _____ DATE _____

PROPERTY OWNER'S AFFIDAVIT

I, _____, of (address) _____, 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 Section §54.1-1111 of the Code of Virginia, as amended, and I am not subject to licensure as a contractor or subcontractor.

I am fully aware that any permit (building, mechanical, plumbing or electrical) issued to me pursuant to the application to which this affidavit is attached is valid only if I, personally perform the work for which the permit(s) is/are issued OR am personally supervising my employees, who must have the necessary licensure if required by law to perform such work. Allowing a person other than myself, employee(s), who, when required by law, must have the necessary licensure to perform such work under my supervision, to perform the work covered by this permit(s) shall immediately void the permit(s) and subjects me as well as the non-employee and/ or unlicensed employee, when licensure to perform the work is required by law, to possible criminal charges for failure to obtain a building permit.

_____ (Affiant)

Signed and acknowledged by _____, in the County of Sussex, VA on the ____ day of _____, 2009, in the presence of the undersigned witness.

My commission expires _____.

My registration number is _____.

_____
NOTARY PUBLIC

§54.1-1111 Prerequisites to obtaining building, etc. permit – Any person applying to the building inspector or any other authority of a county, city or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer or structure, or any removed, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such inspector or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file written statement, supported by an affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter.

It shall be unlawful for the building inspector or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor. (Code 1950, 54-138; 1970, c. 319; 1980, c. 634; 1988, c. 765, 1990 c. 911; 1991, c. 151; 1992, c. 713; 1995, c. 771; 1998, c. 754.)

Cross references. As to punishment for Class 3 misdemeanors, see §18.2-11
The 1998 amendment, in the first paragraph, in the first sentence, in the clause (ii) inserted "or" following "certification as a contractor," and deleted "or owner-developer" following "subcontractor."

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations of the Uniform Statewide Building Code and all applicable Ordinances.

Signature (*)_____DATE_____

CERTIFICATION OF RESPONSIBLE PARTY TO CARRY OUT EROSION AND SEDIMENT CONTROL PLAN

I do hereby certify, by my signature below, that I am the property / landowner, or the designated agent of the property / landowner, and that I fully understand the provisions of Sussex County Erosion and Sediment Control Ordinance Plan for the above referenced project as approved.

I further understand that, according to Section 12-75 (E) of the Sussex County Code of Ordinances, a performance bond, cash escrow, or an irrevocable letter of credit, acceptable to the E&S Program Administrator, in the amount of 125% of the E&S controls cost estimate, shall be submitted to the office of the County Treasurer Office before the commencement of work. Final inspection of the project shall be made by the Program Administrator or designated agent. The release of the performance guarantee is contingent upon the findings of such inspection. Release of the performance guarantee shall occur 60 days after the project is deemed adequately stabilized by the Program Administrator.

I also agree to the following;

1) No work shall commence until the appropriate erosion and sediment controls are in place and functioning as specified by the approved plan.
2) Any and all material(s) removed or transported from the project site, shall be subject to a separate erosion and sediment control plan. Documentation of such work for other localities or jurisdictions shall be submitted before any materials are removed or transported.
3) All work, associated with this project, shall conform to the standards and specifications and other criteria adopted by Sussex County, unless a variance has been requested in writing, and approved in writing by the Program Administrator.
4) The Land Disturbing Permit **shall be attached to the approved plans** and be kept on site and available upon request of any Sussex County Department of Inspection personnel.
5) Notification of the commencement and completion of the work shall be made by the responsible party to the Program Administrator.
6) Applicant accepts all liability for any and all damages to adjacent properties or any other conservation measures already in place, as a result of work covered under the permit.
7) Applicant will maintain the conservation measures in satisfactory condition until final, permanent stabilization is achieved.
8) The Land Disturbing Permit may be revoked, should the Program Administrator determine that the project is not in compliance with the conditions of the approved plan or the provisions of the Erosion and Sediment Control Program of Sussex County.

I further grant the right of entry onto the property, as described above, to the designated personnel of the Sussex County Department of Inspections for the purpose of inspecting and monitoring for compliance of all applicable codes and specifications.

Signature of responsible party :_____ Date :_____

State Certification Number :_____ Expiration :_____

Signature of land owner :_____ Date :_____

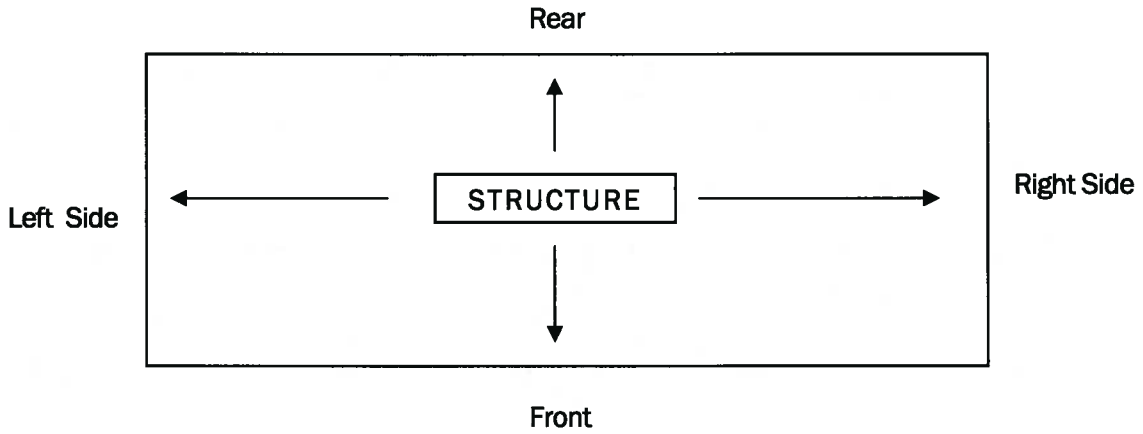
Fee: *$75.00*
Acreage: _____
Zoning District: _____
Tax Map Number: _____

Sussex County Planning Department
Post Office Box 1397
20209 Thornton Square
Sussex, Virginia 23884
Phone: 434-246-1043
Fax: 434-246-8259

Zoning Application

SITE OR PLOT PLAN- FOR APPLICANT USE

Show Setbacks from all four property lines



Proposed Use:

_____

{Example: Single Family Dwelling, Single-wide manufactured home, double-wide, modular, etc.}

Setbacks: Front: _____ft Back: _____ft Right: _____ft Left: _____ft

FOR OFFICIAL USE ONLY:

Zoning Classification: _____

_____
ZONING ADMINISTRATOR

_____
DATE

Sussex County Planning Department
Post Office Box 1397
20209 Thornton Square
Sussex, Virginia 23884
Phone: 434-246-1043
Fax: 434-246-8259

Fee: $10.00

Address Application

Site Information	Applicant Information	Reference Information:
Owner Name:	Name:	Addresses for Adjacent Properties: Left: _____ Right: _____
Lot Number:	Mailing Address:	
Street:	City State Zip:	Check One: ☐ Public Water ☐ Private Water/Septic
Parcel Tax Number:	Phone:	

Site Plan:

Each application must include a sketch of the lot showing the building or structure to be addressed. Please attach a copy of the most recent survey plat of the lot or parcel in question.

Signed	Date: