

COUNTY OF BATH

Tax Map : \_\_\_\_\_

Building, Planning, and Zoning

P.O. Box 216, 65 Courthouse Hill Road, Warm Springs, VA 24484 Phone: (540) 839-7236 Fax: (540) 839-7222 www.bathcountyva.org



BUILDING AND ZONING APPLICATION

SECTION 1

APPLICANT INFORMATION

Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email address of Owner: \_\_\_\_\_

PROPERTY OWNER INFORMATION (If different from Applicant)

Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

PROPERTY INFORMATION

Was this property acquired within the last year? No \_\_\_ Yes \_\_\_ If yes, please provide a copy of the deed indicating the name of the party from which the property was acquired and to show ownership.

Acreage/Size of Parcel or Lot \_\_\_\_\_ Tax Map Parcel ID Number \_\_\_\_\_

Street Address \_\_\_\_\_

Directions to the property: \_\_\_\_\_

GPS Coordinates of Property(if available) \_\_\_\_\_

Magisterial District \_\_\_\_\_

COMPLETE THE APPROPRIATE SECTIONS AND MARK THE ITEMS THAT APPLY TO THE TYPE OF PERMIT THAT YOU ARE APPLYING FOR

SECTION 2

RESIDENTIAL CONSTRUCTION

New one \_\_\_ or two family \_\_\_ Dwelling \_\_\_ Addition \_\_\_ Repairs/Remodel \_\_\_

Mobile or Manufactured Home -Single \_\_\_ or \_\_\_ Double Wide \_\_\_ Modular Home \_\_\_

\_\_\_ Porch or Deck (only) \_\_\_ Attached Garage or Carport (only)

Building area \_\_\_\_\_ Basement Area \_\_\_\_\_
Living Area \_\_\_\_\_ Garage area \_\_\_\_\_
# of Garages \_\_\_\_\_ # of Stories \_\_\_\_\_
# of Bedrooms \_\_\_\_\_ Electrical Service \_\_\_\_\_
# of Fireplaces \_\_\_\_\_ # of Chimneys \_\_\_\_\_ Electrical Service Overhead \_\_\_ Underground \_\_\_
Width and Length \_\_\_\_\_ Type of Exterior Walls \_\_\_\_\_
Height \_\_\_\_\_ Deck WxL \_\_\_\_\_ Porches WxL \_\_\_\_\_
Foundation Type \_\_\_\_\_ Water Supply - Well or Public \_\_\_\_\_
# of Bathrooms \_\_\_\_\_ # of 1/2 Baths \_\_\_\_\_ Wastewater - Septic or Public \_\_\_\_\_
Heat Type \_\_\_\_\_ Ducts \_\_\_\_\_ Erosion & Sedimentation if required Y/N \_\_\_\_\_
Model \_\_\_\_\_ VIN# \_\_\_\_\_ Year Estimated Cost \$ \_\_\_\_\_

- 1. One set of basic structural drawings for new residential structures (excluding Mobile or Manufactured Homes) shall be attached to this application for review by the Building Official. Drawings do not have to be prepared by a licensed architect; however they shall include at a minimum, basic floor plan of the proposed structure, electrical, mechanical, and plumbing locations. (A check list can be provided upon request.)
2. A copy of approved Septic and Well Construction Permits from the Health Department shall be filed with this application. If public water and wastewater services are to be provided, an application for connections from the purveyor shall be attached to this application.
3. If a new entrance onto the state highway is needed, a copy of an approved "entrance permit" from the Virginia Department of Transportation is required to be submitted with this application.
4. Bath County will assign an E-911 Street Address to the dwelling for which this permit will be issued.

<b>SECTION 3</b>	<p><b>COMMERCIAL CONSTRUCTION</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><u>      </u> <b>New Commercial</b></td> <td style="width: 33%; border: none;"><u>      </u> <b>Addition</b></td> <td style="width: 33%; border: none;"><u>      </u> <b>Repairs/Remodel</b></td> </tr> <tr> <td style="border: none;">_____ Type of Construction</td> <td style="border: none;">Number of Stories _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____ Type of Commercial Use</td> <td style="border: none;">Electrical Service Overhead _____ Underground _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____ Number of Restrooms</td> <td style="border: none;">Size Electrical Service _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____ Type of Heating</td> <td style="border: none;">Water Supply - Well or Public _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____ Type of Exterior Walls</td> <td style="border: none;">Wastewater - Septic or Public _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____ Type of Foundations</td> <td style="border: none;">Erosion &amp; Sediment plan if required. Y/N _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____ Building Area</td> <td style="border: none;">E &amp; S size of area disturbed _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____ Kitchen _____ Basement _____</td> <td style="border: none;">Sleeping Area _____ Bays _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">E &amp; S Size of Area disturbed _____</td> <td style="border: none;">Building Area _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>Estimated Cost (Required)</b> _____</td> <td colspan="2" style="border: none;"><b>Architect Contact information:</b> _____</td> </tr> </table> <p>1. One set of licensed design professional plans shall be submitted with the application, reviewed and approved by the Building Official and other agencies as needed, prior to the issuance of a permit.</p> <p>2. A copy of approved Septic and Well Construction Permits from the Health Department shall be filed with this application. If public water and wastewater services are to be provided, an application for connections from the purveyor shall be attached to this application.</p> <p>3. If a new entrance onto the state highway is needed, a copy of an approved "entrance permit" from the Virginia Department of Transportation is required to be submitted with this application.</p> <p>4. Bath County will assign E-911 Street Address to the structure for which this permit will be issued.</p>	<u>      </u> <b>New Commercial</b>	<u>      </u> <b>Addition</b>	<u>      </u> <b>Repairs/Remodel</b>	_____ Type of Construction	Number of Stories _____		_____ Type of Commercial Use	Electrical Service Overhead _____ Underground _____		_____ Number of Restrooms	Size Electrical Service _____		_____ Type of Heating	Water Supply - Well or Public _____		_____ Type of Exterior Walls	Wastewater - Septic or Public _____		_____ Type of Foundations	Erosion & Sediment plan if required. Y/N _____		_____ Building Area	E & S size of area disturbed _____		_____ Kitchen _____ Basement _____	Sleeping Area _____ Bays _____		E & S Size of Area disturbed _____	Building Area _____		<b>Estimated Cost (Required)</b> _____	<b>Architect Contact information:</b> _____	
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<b>SECTION 6</b>	<p><b>PLUMBING AND MECHANICAL</b></p> <p>_____ Plumbing _____ Mechanical</p> <p>Briefly describe the work being performed. _____</p> <p><b>Estimated Cost</b> _____</p>																																	
<b>SECTION 7</b>	<p><b>MECHANICS LIEN</b></p> <p>The Code of Virginia Section 36-98.01 allows the applicant to designate a mechanic's lien agent. Do you have a mechanics lien agent? ___ None Designated ___ Yes If yes, please provide their name, address, and telephone number.</p> <p>_____</p>																																	
<b>SECTION 8</b>	<p><b>OFFICE USE ONLY</b></p> <p><b>Cost of Permit \$</b> _____</p>																																	

**Checks shall be made payable to Bath County Treasurer.**



# Bath County, Virginia Zoning Permit Application

65 Courthouse Hill Road P. O. Box 216 Warm Springs, VA 24484 (540) 839-7236 or toll free (888) 823-1710 Fax: (540) 839-7222	<b>Not all of the items listed below are required. But if known, please supply the information. Additional information may be required to complete your application. Application must be signed and dated. Attach a copy of the Plat or Survey OR draw a sketch on the next page. The plat can be obtained in the Clerk's office at the Courthouse.</b>
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Applicant Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Proposed Construction/Use (example: Residence; storage, e.g.) \_\_\_\_\_

Will this serve as a primary residence? Yes                      or No

OFFICE USE ONLY

Permit # \_\_\_\_\_ Tax Map # \_\_\_\_\_

Acres		Public Sewer Approved	Yes, No or not needed	Principal Structure	Accessory Structure
Zoning District				Front _____	Principal Bldg _____
Building Height		Public Water Approved	Yes, No, or not needed	Sides _____	Sides _____
100 Year Flood Zone	Yes or No	Health Department Permit	Yes, No, or not needed	Rear _____	Rear _____
Interior Alterations	Yes or NA			Frontage _____	
Multiple Lots	Yes or No				

Setbacks are to the edge of or from right of way line if right of way exceeds setback line. (i.e., if 50' ROW exists then setback would be 50' not 35') property line to the closest/perpendicular point of structure. This will include covered porches, but excludes decks, steps, and uncovered porches or patios. Setbacks shown on plat must be the same as those shown on the building permit application. If there is a discrepancy, the permit could be delayed.

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
ZONING ADMINISTRATOR/DATE

ZONING ADMINISTRATOR COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I (we), the undersigned, do hereby certify that the information contained herein is correct and true. Applicant's signature hereto signifies their review and understanding of the zoning permit. I (we) further understand that in granting approval of this application, the Zoning Administrator may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met.**

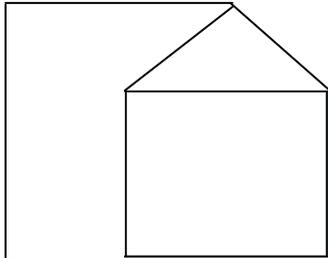
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Space for sketch drawing:**

1. Draw the location of proposed & existing structures with the setbacks as indicated on the building permit. If adding an accessory structure, show and include the setbacks to the existing principal structure.
2. Add all adjoining road names.
3. Indicate ALL setbacks.

**A copy of the recorded Plat or of a Survey showing existing parcel and/or conditions will be accepted and preferred in lieu of a hand drawn sketch.**

**BUILDING HEIGHT:**



Approval of plans is based upon information submitted by the applicant. Any approval found to be procured by misrepresentation of facts or conditions or misstatements in the application shall be deemed null and void.

- The FRONT is not always based on the position of the house.
- Accessory structures are to be in the side or rear yard.
- Section 302.92 Frontage is described as: The minimum width of a lot measured from one side lot line to the other, along a straight line on which no point shall be farther away from the street upon which the lot fronts, or from the front edge of the lot than the building setback line as defined and required herein.

**Sketch/Plot Plan**

**ALLOW 5 WORKING DAYS FOR REVIEW AND APPROVAL OF THIS APPLICATION**

**GENERAL CONTRACTOR INFORMATION AND SIGNATURE OF APPLICANT**

Contractors must be licensed for the type of work being performed or the application will be denied. Property owners listing "self" as the general contractor shall sign the Owner Affidavit below.

If the property owner has made arrangements with a contractor to perform the work noted on this application, the Building Official strongly suggests that the contractor be the party to secure the permit. When a contractor obtains the permit for the owner, they indicate their responsibility for the work. When the owner obtains the permit and signs the affidavit below, they are indicating their responsibility for the work even though a contractor is named on the permit. The Building Code requires that all notices of violation and any legal actions to be taken against the permit holder (person signing permit). When the contractor applies for the permit it allows the Building Official to verify that the contractor is licensed and certified as required by State Law.

**Applicants will be notified within 5 working days as to whether this application has been approved, requires further information or denied. Required fees must be paid prior to processing the application. Fees will be calculated based on the estimated cost stated on this application. Justification of cost may be requested by the Building Official.**

**CONTRACTOR AS APPLICANT**

Contractor Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
VA State Contractors License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_

I, the undersigned contractor, do hereby certify that the information provided on this application form is true to the best of my knowledge. I also acknowledge that as the applicant I am responsible for compliance with the building code, zoning, erosion/sedimentation control requirements, and requesting inspections.

\_\_\_\_\_  
Signature of Contractor or Agent Date

**PROPERTY OWNER AS APPLICANT/OWNER AFFIDAVIT**

I, the owner of the property located in Bath County, VA as stated above, have applied for a permit and certify that the information provided on this application is true to the best of my knowledge. I further affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia which prohibits issuance of a permit to any contractor not properly licensed by the State and I am not subject to licensure as a contractor or subcontractor. By my signature, I am affirming my responsibility for the quality of work, compliance with the building code, zoning, erosion/sedimentation control requirements, and requesting inspections.

\_\_\_\_\_  
Signature of Applicant/Property Owner Date

State of Virginia, County of Bath to-wit:

I, \_\_\_\_\_, do hereby certify that the foregoing was sworn to and subscribed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires: \_\_\_\_\_

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

SECTION 9