



BUILDING PERMIT APPLICATION

Department of Community Development and Code Compliance
 6602 Courts Drive, PO Box 68
 Prince George, VA 23875
 Phone: (804) 722-8659 Fax: (804) 722-0702
www.princegeorgecounty.gov

OFFICE USE ONLY

APPLICATION #:

PERMIT #:

WORK DESCRIPTION	WHAT TYPE OF WORK IS TO BE PERFORMED (PLEASE CHECK): <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL						
	CHECK ONE: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ACCESSORY (DETACHED) <input type="checkbox"/> ALTERATION <input type="checkbox"/> REMODEL/REPAIR						
	WHAT TYPE OF PROPERTY IMPROVEMENT WILL BE MADE (DETAILED JOB DESCRIPTION):						
NOTE: 3 SETS OF PLANS MUST BE SUBMITTED WITH THIS APPLICATION FOR RESIDENTIAL PROJECTS 4 SETS OF PLANS MUST BE SUBMITTED WITH THIS APPLICATION FOR COMMERCIAL PROJECTS							
PROJECT INFORMATION	JOB ADDRESS (STREET #/STREET NAME OR SUBDIVISION):				PARCEL ID #:		
	BUILDING NAME/SHOPPING CENTER NAME AND TENANT NAME (IF APPLICABLE):						
	PROPERTY OWNER(S) NAME:				OWNER PHONE #:		
	PLEASE NOTE: IF THE PROPERTY OWNERSHIP HAS RECENTLY CHANGED, YOU MAY BE ASKED TO PROVIDE A COPY OF THE DEED						
	PROPERTY OWNER(S) MAILING ADDRESS (IF DIFFERENT FROM JOB ADDRESS):						
	WHAT IS THE ESTIMATED COST OF THIS PROJECT (LABOR & MATERIALS)? DO NOT INCLUDE THE COST OF PLUMBING, MECHANICAL, ELECTRICAL OR OTHER AUXILIARY WORK IN THIS ESTIMATE:				ESTIMATED COST: \$		
CONTACTS	PLEASE NOTE: ALL CORRESPONDENCE WILL BE MADE BY EMAIL UNLESS OTHERWISE SPECIFIED						
	CONTRACTOR NAME:				DPOR LICENSE #:		
	CONTRACTOR ADDRESS:				CONTRACTOR PHONE #:		
	ARCHITECT NAME/ADDRESS (COMMERCIAL ONLY):				ARCHITECT PHONE #:		
	DEVELOPER NAME/ADDRESS (COMMERCIAL ONLY):				DEVELOPER PHONE #:		
	PRIMARY CONTACT FOR CORRESPONDENCE (NAME):			EMAIL:		PHONE #:	
	MECHANICS LIEN AGENT NAME/ADDRESS (RESIDENTIAL SINGLE FAMILY ONLY):				MECHANICS LIEN PHONE #:		
STRUCTURAL	FINISHED SQUARE FEET:		UNFINISHED SQUARE FEET:		EXTERIOR SQUARE FEET:	TOTAL SQUARE FEET:	
	BUILDING HEIGHT (MAX HGT. FROM GRADE):			# OF STORIES (EXCLUDING BASEMENT):		WILL THERE BE A BASEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RESIDENTIAL PERMITS			COMMERCIAL PERMITS			
	# OF EXISTING BEDROOMS:	# OF NEW BEDROOMS:	# OF BATHROOMS:		OCCUPANCY CLASS/USE GROUP:	CONSTRUCTION TYPE:	TOTAL OCCUPANT LOAD:

UTILITIES	PLEASE CHECK THE TYPE OF WATER SUPPLY TO THE PROPERTY <input type="checkbox"/> COUNTY WATER <input type="checkbox"/> WELL (SEE BELOW)
	PLEASE CHECK THE TYPE OF SEWAGE DISPOSAL FOR THE PROPERTY <input type="checkbox"/> COUNTY SEWER <input type="checkbox"/> SEPTIC (SEE BELOW)
BUILDING PERMIT APPLICATIONS FOR ACCESSORY STRUCTURES , ADDITIONS, OR ALTERATIONS MUST ALSO ATTACH A COMPLETED VIRGINIA DEPARTMENT OF HEALTH (VDH) APPLICATION. BUILDING PERMIT APPLICATIONS FOR NEW SINGLE FAMILY DWELLINGS MUST ATTACH A COPY OF THE VDH WELL/SEPTIC CONSTRUCTION PERMITS.	
ZONING	SETBACKS: FOR NEW STRUCTURES OR ADDITIONS A PLAT OR SURVEY SHOWING THE LOCATION OF THE IMPROVEMENTS MUST ALSO BE ATTACHED
	ZONING PERMIT: ALL BUILDING PERMIT APPLICATIONS FOR ADDITIONS OR NEW STRUCTURES MUST INCLUDE A "ZONING PERMIT APPLICATION" ZONING CERTIFICATE: ALL BUILDING PERMIT APPLICATIONS FOR NEW OCCUPIED STRUCTURES (DWELLINGS, COMMERCIAL BUILDINGS, ETC.) MUST ALSO INCLUDE A COMPLETED "CERTIFICATE OF ZONING COMPLIANCE" FORM

APPLICANT	LICENSED CONTRACTOR: IF YOU ARE APPLYING FOR THIS PERMIT AND YOU ARE THE CONTRACTOR LISTED ON THIS APPLICATION, PLEASE COMPLETE THE APPLICANT SECTION BELOW CONTRACTOR'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE CONTRACTOR LISTED ON THIS APPLICATION, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE CONTRACTOR'S AGENT		
	OWNER: IF YOU ARE THE OWNER OF THIS PROPERTY, ARE EXEMPT FROM LICENSURE REQUIREMENTS, AND YOU ARE DOING YOUR OWN WORK, YOU MUST COMPLETE THE "APPLICANT" AND "OWNER" SECTIONS OWNER'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE OWNER OF THE PROPERTY, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE OWNER'S AGENT		
	APPLICANT SIGNATURE:	APPLICANT NAME (PLEASE PRINT):	DATE:
OWNER	COMPLETE THIS SECTION ONLY YOUR IF YOU ARE THE OWNER OF THE PROPERTY DOING OWN WORK AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.		
	If you are an owner and intend to do the work or subcontract the work, the owner is required to certify that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing below and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and acknowledges your compliance with the Section 54.1-1111 of the Code of Virginia.		
	I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER OR AGENT SIGNATURE:	DATE:	NAME (PRINT):

COMMUNITY DEVELOPMENT OFFICE USE ONLY					
COMPLETED CERTIFICATE OF ZONING COMPLIANCE ATTACHED				Y	N
COMPLETED ZONING PERMIT APPLICATION ATTACHED				Y	N
PERMIT TRACKING FORM ATTACHED (IF NOT, COMPLETE BELOW)				Y	N
APP/FEES	RCVD BY:	RCVD DATE:	BUSINESS LICENSE VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR	PLANS/SPECS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR	
	PERMIT FEE AMT: \$	STATE LEVY AMT: \$	TOTAL FEE AMT: \$	PAID BY:	
	PROFFERS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROFFER AMT. PAID: \$	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK (CK #)	RCVD BY:	
APPLICANT NOTIFIED BY:	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER:			DATE:	
PERMIT ISSUED BY:	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PICKED UP BY:			DATE:	



ZONING PERMIT APPLICATION

Department of Planning & Zoning

6602 Courts Drive, PO Box 68, Prince George, VA 23875
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STAFF USE ONLY

ENERGOV #:

DATE RECEIVED:

PROJECT DETAILS (FILL IN ALL BLANKS)

PROJECT ADDRESS:

TAX MAP #:

DESCRIPTION OF PROJECT:

CONDO
UNIT?

Y

N

DIRECTIONS FOR REQUIRED PLOT PLAN ATTACHMENT (Check each box to confirm completed)

- 1. Prepare and Attach a Plot Plan: Use a plat or other to-scale map to show the proposed location for the structure within the boundaries of the property. Acceptable forms of plot plans for a zoning permit include a survey plat, a sketch on a survey plat, or a GIS-based map, such as can be created or printed using the "Online Interactive Maps" tool on the County website, which provides approximate property lines, aerial imagery, and includes a measurement tool. A hand-drawn sketch is not acceptable.
- 2. Determine the distances that the proposed structure will be "set back" from the nearest four property lines. Take accurate field measurements and/or use mapping tools to ascertain this information.
- 3. Provide those measurements (setbacks) on the Plot Plan.
- 4. If your project is a new single-family dwelling, identify the locations of the entrance and the driveway on the plot plan, and also illustrate any new road surface proposed to be constructed outside of the property boundaries (for example, in an access easement).

Contact the Planning Department with any questions prior to submittal, or if you need assistance in preparing a plot plan.

TYPE OF PLOT PLAN(S) ATTACHED (SELECT AT LEAST ONE):

GIS MAP SURVEY PLAT OTHER SCALE DRAWING NOTES: _____

BUILDING HEIGHT

(Only for new structures or if increasing the height of existing structures. Otherwise mark N/A)

HEIGHT OF
RIDGE:

HEIGHT OF
EAVES:

CONTACT INFORMATION (FILL IN ALL BLANKS)

PROPERTY OWNER NAME:

OWNER PHONE:

OWNER EMAIL:

APPLICANT NAME (IF NOT OWNER):

APPLICANT PHONE:

APPLICANT EMAIL:

OWNER/APPLICANT AGREEMENT – BY SIGNING, I UNDERSTAND AND AFFIRM THAT:

1. The type of use, setbacks, height, and other factors about the proposed structure and property must comply with the County Zoning Ordinance (Chapter 90 of the Prince George County Code, available online).
2. The County bears no responsibility for construction/siting errors. It is the owner/contractor's responsibility to ensure that the structure complies with any required minimum setback distances.
3. DETACHED RESIDENTIAL ACCESSORY STRUCTURES:
 - May not be used as a second dwelling unit unless allowed by Zoning Ordinance.
 - Operating a business in such structures requires a Special Exception from the Board of Supervisors.
 - Generally, shall not be taller than the main structure in "Building height", as calculated by definition in Sec 90-1.
4. Incomplete applications may be returned to the applicant, or additional information may be requested during review.
5. The information provided in this application is accurate, true and correct, to the best of my knowledge.

SIGNATURE:

SELECT ONE:

DATE:

PRINT NAME:

- PROPERTY OWNER / AGENT OF OWNER
- CONTRACTOR



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PROJECT ADDRESS:	TAX MAP #:
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ZONING DISTRICT:	NAME OF SUBDIVISION / DEVELOPMENT:
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REQUIRED MINIMUM SETBACKS:	FRONT:	REAR:	LEFT:	RIGHT:
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Proposed location meets setback requirements? No Yes (= PASS)

Land use is permitted? No Yes (= PASS) Specify: _____

Lot exists on recorded plat and otherwise complies with Section 90-1032? No Yes (= PASS)

Notes: _____

No encroachment into RPA, Wetlands, Floodplain? No Yes (= PASS) Notes: _____

Cash Proffer Applicable? No Yes Amount Due: _____ Notes: _____

ADDITIONAL REVIEW COMMENTS / NOTES:

CONDITIONS OF APPROVAL OR REASON(S) FOR DENIAL:

ZONING PERMIT APPROVED?		ZONING OFFICER SIGNATURE:	DATE:
Y	N		
Updated in Energov? <input type="checkbox"/>			

Any aggrieved person may appeal this decision within thirty (30) days of this date in accordance with the provisions of Virginia Code Section 15.2-2311. This decision shall be final and not appealable if not appealed within thirty (30) days.