



EXEMPT STRUCTURE 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.princegeorgeva.org

IN ACCORDANCE WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE (VUSBC), CERTAIN STRUCTURES (SMALL DETACHED ACCESSORY STRUCTURES, FENCES, ETC.) CAN BE CONSTRUCTED OR INSTALLED WITHOUT OBTAINING A BUILDING PERMIT. STRUCTURES THAT ARE EXEMPT FROM BUILDING PERMITS STILL MUST COMPLY WITH OTHER REGULATIONS SUCH AS ENVIRONMENTAL, ZONING, FLOODPLAIN DEVELOPMENT, HEALTH DEPARTMENT, AND VDOT. IN ORDER TO ENSURE THAT YOUR PROPOSED CONSTRUCTION COMPLIES WITH THESE REGULATIONS, STATE AGENCIES AND/OR COUNTY DEPARTMENTS MAY NEED TO REVIEW DETAILS OF THE PROPOSED STRUCTURE, AND GRANT APPROVAL PRIOR TO COMMENCING CONSTRUCTION. PLEASE COMPLETE THIS APPLICATION AND SUBMIT IT TO THE DEPARTMENT OF COMMUNITY DEVELOPMENT AND CODE COMPLIANCE TO REQUEST APPROVAL TO CONSTRUCT A STRUCTURE THAT IS EXEMPT FROM BUILDING PERMITS.

PROPERTY	PROPERTY ADDRESS (STREET #/STREET NAME):		PARCEL ID #:		
	PROPERTY OWNER(S) NAME:				
	OWNER'S EMAIL:		OWNER'S PHONE #:		
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)	
	HEALTH DEPARTMENT APPLICATION: IF THERE IS AN EXISTING WELL AND/OR SEPTIC SYSTEM ON THIS PROPERTY, ATTACH A COMPLETED VIRGINIA DEPARTMENT OF HEALTH (VDH) APPLICATION				
PROJECT	PROJECT DESCRIPTION:				
			AVERAGE BUILDING HEIGHT FROM GRADE:	FT.	IN.

ZONING PERMIT: ALL APPLICATIONS FOR ADDITIONS OR NEW STRUCTURES MUST INCLUDE A "ZONING PERMIT APPLICATION"

SETBACKS: A PLAT OR SURVEY SHOWING THE LOCATION OF THE STRUCTURE AND THE SETBACKS MUST ALSO BE ATTACHED

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT NAME (PLEASE PRINT): _____ EMAIL: _____ PHONE: _____

COMMUNITY DEVELOPMENT OFFICE USE ONLY		
COMPLETED HEALTH DEPARTMENT APPLICATION ATTACHED	Y	NA
COMPLETED ZONING PERMIT APPLICATION ATTACHED	Y	
EXEMPT STRUCTURE TRACKING FORM ATTACHED	Y	

1. Is the property currently being used for the production of agricultural, horticultural, floricultural or silvicultural products for sale?
 YES or NO Type of products: _____

2. Is the property currently being used for the raising or processing of farm animals or farm animal products for sale?
 YES or NO Type of animals/products: _____

If you answered NO to both question #1 and #2, the proposed structure IS NOT a farm structure exempt from the requirements of the USBC. If you answered yes to one of the questions, please continue.

3. Is the proposed structure to be used for the storage, handling or production of products listed in #1 above?
 YES or NO Type of products: _____

4. Is the proposed structure to be used for the sheltering, raising or processing of animals in #2 above?
 YES or NO Type of animals: _____

5. Is the proposed structure to be used for the maintenance, storage or use of equipment related to the activities listed in #1 and #2 above?
 YES or NO Type of equipment: _____

If you answered YES to #3, #4 OR #5, please complete the affidavit below.

By completing the following affidavit, you attest that the proposed structure meets the farm structure exemption of the USBC. No building permit or building inspections will be required. The structure is not exempt from other laws, regulations and ordinances, including the Prince George County Zoning Ordinance and the Prince George County Erosion and Sediment Control Ordinance.

I state that I have read and understand the above, have truthfully answered the above questions and affirm that the structure proposed to be built qualifies as a “farm structure” as defined by the USBC.

Owner Signature: _____ Date: _____



ZONING PERMIT APPLICATION

Department of Planning & Zoning
 6602 Courts Drive, PO Box 68, Prince George, VA 23875
 Phone: (804) 722-8678 | Email: planning@princegeorgecountyva.gov
www.princegeorgecountyva.gov

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



ZONING PERMIT APPLICATION

Department of Planning & Zoning

6602 Courts Drive, PO Box 68, Prince George, VA 23875
Phone: (804) 722-8678 | Email: planning@princegeorgecountyva.gov
www.princegeorgecountyva.gov

STAFF USE ONLY

ENERGOV #:

STAFF USE ONLY

PROJECT ADDRESS:	TAX MAP #:
-------------------------	-------------------

ZONING DISTRICT:	NAME OF SUBDIVISION / DEVELOPMENT:
-------------------------	---

REQUIRED MINIMUM SETBACKS:	FRONT:	REAR:	LEFT:	RIGHT:
-----------------------------------	---------------	--------------	--------------	---------------

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:			
<table border="1"> <tr> <td>Y</td> <td>N</td> <td>Updated in Energov? <input type="checkbox"/></td> </tr> </table>	Y	N	Updated in Energov? <input type="checkbox"/>		
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.

**Findings and Worksheet for a Courtesy Review of Building
Plans not designed for Human Occupancy**

Name: _____
Phone Number: _____
Subdivision: (If Applicable) _____ **Section:** _____ **Lot:** _____
Physical Address: _____

Section 1 Courtesy Review:

For pools, decks, garages, pole barns, sidewalk installations, and other structures not designed for human occupancy, the local building official may ask VDH to consider whether proposed construction could impact the existing sewage system's function. For these situations, VDH lacks authority to determine whether the sewage system is safe, adequate, and proper as contemplated by the Code. However, as a courtesy to the building official, and by request (see attachments 2a), VDH may process the request.

Type of construction: _____

There is no guarantee given or implied that the proposed construction will not interfere with any components of the sewage disposal system and/or water supply. The Department is simply performing a courtesy review for the locality to try and identify any potential conflicts based on information available. In the event of damage to a sewage disposal system or well during construction, the owner will be responsible for any repairs or other actions deemed necessary by the Department to correct the situation.

HEALTH DEPARTMENT ONLY:

Comments: _____

Site Sketch:

Owner Name: _____ **Home Telephone:** _____

Mailing Address: _____ **Cell Telephone:** _____

Agent Name: _____ **Home Telephone:** _____

Mailing Address: _____ **Cell Telephone:** _____

Site Address: _____ **Tax Map:** _____

Subdivision Name (if applicable): _____ **Lot #** _____

OWNER/AGENT SIGNATURE: _____ **DATE:** _____

An owner may challenge a denial by requesting an Informal Fact-Finding Conference (IFFC) within 30 days of receipt of a decision. All requests for an IFFC must be sent in writing to the District Health Director and cite the reason or reasons for the request.

HEALTH DEPARTMENT:

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

