



FARM STRUCTURE AFFIDAVIT

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.princegeorgecountyva.gov

FARM BUILDINGS AND STRUCTURES ARE EXEMPT FROM THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE (VUSBC). FARM STRUCTURES STILL MUST COMPLY WITH OTHER REGULATIONS SUCH AS: ZONING, ENVIRONMENTAL AND HEALTH DEPARTMENTS. IN ORDER TO ENSURE THAT THESE REQUIREMENTS ARE SATISFIED, WE ASK THAT THIS FORM BE COMPLETED AND SUBMITTED TO OUR OFFICE FOR REVIEW.

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

1. Is the property currently being used for the production of agricultural, horticultural, floricultural or silvicultural products for sale? YES or NO
 2. Is the property being used for the raising or processing of farm animals or farm animal products for sale? YES or NO
- 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
 4. Is the proposed structure to be used for the sheltering, raising or processing of animals in #2 above? YES or NO
 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

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

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 VUSBC. I understand that the structure is not exempt from other laws, regulations and ordinances.

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	



ZONING PERMIT APPLICATION

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APPLICANT MUST FILL OUT THIS SECTION

SETBACKS: PROVIDE THE BUILDING SETBACKS FROM PROPERTY LINES (FEET & INCHES). A PLAT OR SURVEY SHOWING THE LOCATION OF THE PROPOSED STRUCTURE AND THE SETBACKS MUST ALSO BE ATTACHED (SEE BELOW).

FRONT

BACK

LEFT

RIGHT

PLEASE NOTE: USE AN EXISTING SURVEY PLAT WHEN AVAILABLE. SHOW THE PROPOSED STRUCTURE OR ADDITION ON THE SURVEY PLAT. TAKE ACCURATE FIELD MEASUREMENTS FOR THE PROPOSED SETBACKS. ALL SETBACKS SHOULD BE TAKEN FROM THE CLOSEST POINT OF THE FOUNDATION TO THE PROPERTY LINE. PLEASE CONTACT THE PLANNING AND ZONING DIVISION AT 804.722.8678 WITH ANY SETBACK QUESTIONS PRIOR TO SUBMITTING THE ZONING PERMIT APPLICATION.

**TYPE OF PLAN
ATTACHED:**

☐ SURVEY PLAT

☐ VDH PERMIT SKETCH

☐ ELEVATION CERT.

☐ OTHER:

APPLICANT NAME (PLEASE PRINT):

APPLICANT SIGNATURE:

DATE:

OWNER'S SIGNATURE (IF OWNER IS NOT THE APPLICANT):

DATE:

INITIALS

I/WE WILL NOT USE THE PROPOSED, DETACHED RESIDENTIAL ACCESSORY STRUCTURE (THAT EXCEEDS 1000 SQUARE FEET) FOR COMMERCIAL PURPOSES. I/WE UNDERSTAND THAT A SPECIAL EXCEPTION, THROUGH THE BOARD OF SUPERVISORS, IS REQUIRED TO OPERATE A COMMERCIAL BUSINESS WITHIN A RESIDENTIAL ACCESSORY BUILDING.

COMMUNITY DEVELOPMENT OFFICE USE ONLY

TAX MAP NUMBER:

APPLICATION ID #:

BUILDING PERMIT #:

ZONING ADMINISTRATOR USE ONLY

ZONING:

REMARKS/CONDITIONS:

ZONING PERMIT APPROVED

Y

N

ZONING ADMINISTRATOR SIGNATURE

DATE

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.