

REQUIREMENTS FOR SUBMITTING APPLICATIONS



P.O. Box 150, New Kent, VA 23124, **Phone:** 804-966-9680, **Fax:** 804-966-8510
www.co.newkent.state-va.us **Inspections:** 804-966-8572

In addition to completing a building permit application for new construction, the following will need to be provided to the Building Development Office:

*****Please note that incomplete applications will not be accepted*****

- Two (2) complete sets of plans and specifications
- One (1) copy of the site plan showing location of proposed improvements
- One (1) copy of Health Department Permit (if applicable)
- One (1) copy of recorded deed
- Fees will be determined at time of application submittal.
- Please check the Land Disturbance Application Requirements to make sure you have enough copies for both offices.**
- There will be a \$.25 charge PER PAGE for any copies made by staff.

Please allow 7 business days for processing your building permit.

PLANS REVIEW CHECKLIST



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- | | |
|---|--|
| <input type="checkbox"/> Engineer Soil Report (if required) | <input type="checkbox"/> Reinforcement
(if required Footing Size / Depth) |
|---|--|

FOUNDATION DETAILS

- | | |
|--|--|
| <input type="checkbox"/> Foundation Length / Width | <input type="checkbox"/> Wall Size / Width |
| <input type="checkbox"/> Brick Veneer Support | <input type="checkbox"/> Transition Block Solid |
| <input type="checkbox"/> Engineer Design Poured Veneer | <input type="checkbox"/> DRAINTILE / Waterproof |
| <input type="checkbox"/> Vents & Access Door | <input type="checkbox"/> Crawlspace Height / Clearance |
| <input type="checkbox"/> Pier Spacing / Size | <input type="checkbox"/> Girder Type / Size |
| <input type="checkbox"/> Vapor Barrier | |

GENERAL FLOOR PLANS

- | | |
|--|---|
| <input type="checkbox"/> Minimum Size Egress Exit | <input type="checkbox"/> Safety Glazing |
| <input type="checkbox"/> Floor Joist Size / Spacing / Type | <input type="checkbox"/> Engineer Design Floor System |
| <input type="checkbox"/> Subfloor Size / Type | <input type="checkbox"/> Wall Studs Size / Type / Spacing |
| <input type="checkbox"/> Header Size / Type / Location | <input type="checkbox"/> Beams Size / Type / Location |
| <input type="checkbox"/> Beam Bearing Support Size / Type | <input type="checkbox"/> Firestopping Location |
| <input type="checkbox"/> Insulation R-Values | <input type="checkbox"/> Chimney Clearances |
| <input type="checkbox"/> Attic Access / Ventilation | |

GARAGES

- | | |
|--|--|
| <input type="checkbox"/> Concrete P.S.I. | <input type="checkbox"/> Floor Slope |
| <input type="checkbox"/> Vapor Barrier | <input type="checkbox"/> Sheetrock / Fire Separation |

STAIRS

- | | |
|--|--|
| <input type="checkbox"/> Minimum Size / Width | <input type="checkbox"/> Riser / Tread Sizes |
| <input type="checkbox"/> Landing / Winder Sizes | <input type="checkbox"/> Ramp Size / Slope |
| <input type="checkbox"/> Handrail / Guardrail Height | <input type="checkbox"/> Picket Spacing |

DECKS

- | | |
|--|---|
| <input type="checkbox"/> Framing Details | <input type="checkbox"/> Footing Size / Depth |
| <input type="checkbox"/> Concrete Depth | <input type="checkbox"/> Pier Post Size / Type |
| <input type="checkbox"/> Stairs Size / Width / Type | <input type="checkbox"/> Pickets / Rails Spacing |
| <input type="checkbox"/> Attachment / Flashing / Bolting | <input type="checkbox"/> Girder / Floor Joist Size / Span |

ROOF SECTION / DETAILS

- | | |
|--|--|
| <input type="checkbox"/> Engineered Truss Designs | <input type="checkbox"/> Rafter Type / Size / Spacing |
| <input type="checkbox"/> Kingpost – To Solid Bearing | <input type="checkbox"/> Roof Sheathing Size / Spacing |

ELEVATIONS

- | | |
|--|---|
| <input type="checkbox"/> Proper Representation of House
Elevations per Floor Plan | <input type="checkbox"/> Door / Window Locations / Height |
| <input type="checkbox"/> Location of Steps to Grade | <input type="checkbox"/> Chimney Termination |

SINGLE FAMILY DWELLING

PERMIT
NUMBER



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PROPERTY OWNER OF RECORD

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____

CONTRACTOR

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
VA Contractor's No: _____ Class: _____
Expiration: _____ Email: _____

MECHANICS LIEN AGENT

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

PROJECT

Project Location: _____ Code YR 2009 _____ 2012 _____
Tax Map No. _____ Is This an Industrialized Home? Yes No

PROJECT

Estimated Cost: _____ Health Dept ID No.: _____
1 Story: _____ Cape: _____ 2 Story: _____ House Height: _____
Floor Area: _____ Sq ft # Bedrooms: _____
Basement Area: _____ Sq ft Finished / Unfinished # Bathrooms: _____
Unfinished Area: _____ Sq ft
Attached Garage Area: _____ Sq ft Water: Public Private
Total Gross Area: _____ Sq ft Septic: Public Private
Fireplace: Masonry Pre-Fabricated Solid Fuel Gas Insert Vented Gas Insert Unvented
Deck: _____ Sq ft Attached Retaining Wall: _____ Sq ft
Porch: _____ Sq ft Open Porch: _____ Sq ft Enclosed

SETBACKS - Please indicated distances from location of structure to each property line

Front: _____ Rear: _____ Right: _____ Left: _____

APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THEIR SUBDIVISION'S CONVENANTS/REGULATIONS. I CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND WITH REGULATIONS IN THE BUILDING CODE, ZONING ORDINANCE AND HEALTH DEPARTMENT OF THE COUNTY OF NEW KENT. THIS PERMIT BECOMES INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE.

SIGNATURE OF APPLICANT/AGENT/OWNER

DATE

OFFICE ONLY

Permit Fee: \$ _____ Surcharge: _____ Zoning: _____
Date: _____ Check Cash

COMMISSIONER OF REVENUE OFFICE

Commissioner of Revenue: _____ Date: _____
Business License: Yes No N/A

DESCRIPTION OF PROPERTY

Tax Map Parcel Number: _____ Lot No.: _____ Zone: _____ Block: _____
District: _____ Subdivision: _____ Section: _____
Use Group: _____

AFFIDAVIT

I affirm that I am the owner of the tract or parcel of land identified above and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section 54.1-111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor. I hereby certify that I will be responsible for all work performed under this permit.

Affiant

COMMONWEALTH OF VIRGINIA
CITY/COUNTY OF _____:

I certify that the foregoing instrument was executed and acknowledged before me this _____ day of _____, 20__, by _____.

Witness

54.1-1111 Prerequisites to obtaining building, etc., permit. – Any person applying to the building inspector or any authority of a city, county 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 removal, 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 registered under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement, supported by an affidavit, that he is not subject to licensure or registration as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or licenses required by any city, county or town have been paid so as to be qualified to bid upon or contract for the work which the permit has been applied.

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 evidence of being either exempt from the provisions of this chapter or licensed or registered under this chapter to carry out or superintend the work for which such permits have been applied.

The building inspector, or other such authority, violating the terms of the section shall be guilty of a Class 3 misdemeanor. (Code 1950,54-138; 1970,c.319; 1980,c.634; 1988,c.765.)

BUILDING OFFICIAL

DATE

APPROVED DISAPPROVED

