

REQUIREMENTS FOR SUBMITTING APPLICATIONS



P.O. Box 150, New Kent, VA 23124, **Phone:** 804-966-9680, **Fax:** 804-966-8510
www.co.new-kent.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 once application is processed.
- Please check the Land Disturbance Application Requirements to make sure you have enough copies for both offices.**

Please allow *10-15 business days* for processing your building permit.

PLANS REVIEW CHECKLIST



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- Engineer Soil Report (if required)
- Reinforcement (if required Footing Size / Depth)

FOUNDATION DETAILS

- Foundation Length / Width
- Brick Veneer Support
- Engineer Design Poured Veneer
- Vents & Access Door
- Pier Spacing / Size
- Vapor Barrier
- Wall Size / Width
- Transition Block Solid
- DRAINTILE / Waterproof
- Crawlspace Height / Clearance
- Girder Type / Size

GENERAL FLOOR PLANS

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

GARAGES

- Concrete P.S.I.
- Vapor Barrier
- Floor Slope
- Sheetrock / Fire Separation

STAIRS

- Minimum Size / Width
- Landing / Winder Sizes
- Handrail / Guardrail Height
- Riser / Tread Sizes
- Ramp Size / Slope
- Picket Spacing

DECKS

- Framing Details
- Concrete Depth
- Stairs Size / Width / Type
- Attachment / Flashing / Bolting
- Footing Size / Depth
- Pier Post Size / Type
- Pickets / Rails Spacing
- Girder / Floor Joist Size / Span

ROOF SECTION / DETAILS

- Engineered Truss Designs
- Kingpost – To Solid Bearing
- Rafter Type / Size / Spacing
- Roof Sheathing Size / Spacing

ELEVATIONS

- Proper Representation of House Elevations per Floor Plan
- Location of Steps to Grade
- Door / Window Locations / Height
- 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 2018** _____
GPIN _____ 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 54.1-1111 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

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BUILDING OFFICIAL

DATE

APPROVED DISAPPROVED