

PROJECT DATA COVERSHEET



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

PROJECT

Name: _____

PLEASE CHECK ALL BOXES THAT APPLY

- New Construction New Addition
 Renovation Tenant Layout

1. Code Edition: 2015 USBC

2. Building Use: _____

 Currently Approved: _____

 Proposed: _____

3. Use of Space with Scope of Work:

- | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 |
| <input type="checkbox"/> B | <input type="checkbox"/> E | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 | |
| <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | |
| <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> M | <input type="checkbox"/> U |
| <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 |

4. Mixed Use Building?

- No Yes Other Use _____

5. Type of Construction:

- | | | | | |
|---------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1A | <input type="checkbox"/> 1B | <input type="checkbox"/> 2A | <input type="checkbox"/> 2B | |
| <input type="checkbox"/> 3A | <input type="checkbox"/> 3B | <input type="checkbox"/> 4 | <input type="checkbox"/> 5A | <input type="checkbox"/> 5B |
| <input type="checkbox"/> Other: _____ | | | | |

6. Total Floor Area Within the Scope of Work: _____ Sq ft

7. Building Area Total (Gross): _____ Sq ft

8. Number of Stories: _____

9. Is the Building Sprinkled? No
- Yes – Specify: Full Partial
 NFPA 13 NFPA 13R NFPA 13D

10. Fire Alarm: Existing Altered Proposed None

11. Standpipes: Existing Altered Proposed None

12. Other Fire Protection Systems: No Yes – _____

13. ADA Status of Building: Exempt Fully Accessible Partially Accessible
 Proposed

14. Plans Submitted: Architectural Structural Electrical
 Plumbing Mechanical Fire Protection System

OFFICE ONLY

➤ Released Site Plan: No Yes – Date: _____

➤ Permit Number: _____

➤ Certificate of Occupancy Required? No Yes

➤ Special Inspections Required? No Yes

➤ Approval Conditions:

COMMERCIAL BUILDING PERMIT APPLICATION



**PERMIT
NUMBER**

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PROPERTY OWNER

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

CONTRACTOR

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

PROPERTY INFORMATION

Address: _____
 GPIN: _____
 Project Cost: _____ Structure Height: _____

STATE NATURE OF PROPOSED WORK – Square footage and dimensions **MUST be included in description**

SETBACKS – Please indicate distances from location of structure to each property line

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

IBC Code Year _____
Use Group (Circle One) A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2
 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U
Construction Type (Circle One) IA IB IIA IIB IIIA IIIB IV VA VB
 Total Square Footage: _____ Occupancy Load: _____
 Finished SF: _____ Unfinished SF: _____

PERMITS MUST BE OBTAINED BEFORE WORK IS COMMENCED. PERMIT FEES COULD BE DOUBLED FOR ANY WORK PERFORMED BEFORE PERMIT IS OBTAINED.

A preconstruction conference is required for all commercial and industrial projects. We would like to have all parties involved in the project to be represented at these meetings for discussion of the project so that we are all "on the same sheet of music" from the beginning. These meetings can be arranged at the time of permit issuance or any other time that suits the parties involved.

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: _____

BUILDING OFFICIAL

DATE

APPROVED DISAPPROVED