

JIM WHITTEN-
BUILDING OFFICIAL



TIM CARPENTER- E&S
INSPECTOR

Carroll County Department of Inspections

605-1 Pine Street

SUITE C115

Hillsville, Virginia 24343

Office: 276-730-3016

ALL PERMIT APPLICANTS NEED TO COMPLETE THE REQUIRED PERMIT APPLICATIONS AND SUBMIT TO THE OFFICE FOR APPROVAL. AFTER THE APPLICATION IS PROCESSED AND APPROVED, THE APPLICANT WILL BE NOTIFIED FOR PAYMENT AND THE ISSUANCE OF PERMIT.

YOU MUST BEGIN WORK WITHIN SIX (6) MONTHS AFTER THE PERMIT IS ISSUED OR PERMIT WILL BE VOID!

IN ORDER TO OBTAIN A BUILDING PERMIT

- YOU **MUST** ATTACH A **CURRENT COPY** OF THE **WELL & SEPTIC PERMITS** (NO RECEIPTS) FROM THE HEALTH DEPARTMENT.
DAVE BURRIS AT 276-730-3180
- YOU **MUST** ATTACH THE **ORIGINAL 911 ADDRESS** PAPER FROM THE TWIN COUNTY E-911 REGIONAL COMMISSION (ACCORDING TO THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 119.5)
TO OBTAIN A 911 ADDRESS CALL : 276-236-5122 OR EMAIL twincounty911@galaxpd.org
- YOU **MUST** HAVE **ALL** CONTRACTORS LISTED WITH **ALL** INFORMATION INCLUDING **CONTRACTORS NAME, ADDRESS, AND LICENSE NUMBERS WITH ORIGINAL SIGNATURE.**
- YOU **MUST** HAVE A **COPY** OF A RECORDED PLAT IF A PARCEL OF LAND WAS SUBDIVIDED AFTER **JULY 1, 2009.**
- YOU **MUST** FILL OUT THE **LAND DISTURBANCE SCREENING FORM ATTACHED.** IF **ANY** BOX IS MARKED **YES,** YOU MUST GET AN **EROSION AND SEDIMENT CONTROL** PERMIT!
 - YOU **MUST** SUBMIT SITE PLANS FOR A BUILDING PERMIT WHEN BUILDING.
THE **SITE PLAN** SHALL SHOW THE SIZE AND LOCATION OF ALL PROPOSED CONSTRUCTION, INCLUDING ANY ASSOCIATED WELLS, SEPTIC TANKS OR DRAIN FIELDS. THE SITE PLAN SHALL ALSO BE DRAWN IN ACCORDANCE WITH AN ACCURATE BOUNDARY LINE SURVEY. **IF NO SURVEY EXISTS** FOR THE PARCEL OF LAND TO BE BUILT UPON, **A COPY OF THE PARCEL MAY BE OBTAINED** AND **VERIFICATION** OF ANY BUILDING SETBACKS MUST BE **APPROVED** BEFORE ISSUING OF PERMIT. A COPY OF THE **SITE PLAN** MUST BE PRESENT **ON JOB SITE BEFORE THE FOOTER INSPECTION** WILL BE COMPLETED.

IMPORTANT INFORMATION!

- PLEASE MAKE SURE THAT YOUR **YELLOW JOB CARD** IS POSTED **ON THE JOB SITE** OR THERE WILL BE **NO INSPECTIONS COMPLETED!**
- **NORMAL PROCESSING TIME** FOR A PERMIT IS 24 TO 48 HOURS.



BUILDING PERMIT APPLICATION

Carroll County Department of Inspections
605-1 Pine Street
Hillsville, Virginia 24343
OFFICE: (276) 730-3016 FAX: (276) 730-3178

PERMIT # _____ YEAR _____
PAID: CASH / CHECK / CREDIT CARD
CHECK # _____
PARCEL ID: _____
DISTRICT: _____

THE APPLICANT SHALL FURNISH SATISFACTORY PROOF THAT THE TAXES OR LICENSE FEES REQUIRED BY ANY COUNTY, CITY, OR TOWN HAVE BEEN PAID SO AS TO QUALIFY TO BID UPON OR CONTRACT FOR THE WORK FOR WHICH THE PERMIT APPLIES.

IMPORTANT NOTE TO PROPERTY OWNER

IF YOU HAVE MADE ARRANGEMENTS WITH A CONTRACTOR TO DO WORK, THE COUNTY OF CARROLL STRONGLY SUGGESTS THAT THE CONTRACTOR BE THE PARTY TO SECURE THE NECESSARY PERMIT(S). WHEN A CONTRACTOR OBTAINS A PERMIT FOR THE OWNER OR APPLICANT, THEY INDICATE THEIR RESPONSIBILITY FOR THE WORK. WHEN YOU SIGN THIS AFFIDAVIT, IN ORDER TO OBTAIN A PERMIT(S) IN YOUR NAME, YOU ARE INDICATING YOUR RESPONSIBILITY FOR THE WORK TO BE PERFORMED. WHEN THE PERMIT IS ISSUED TO THE PROPERTY OWNER, ENFORCEMENT ACTIONS AGAINST A CONTRACTOR BECOMES MORE DIFFICULT. THE USBC REQUIRES THAT ALL NOTICE OF VIOLATIONS AND LEGAL ACTIONS BE TAKEN AGAINST THE PERMIT HOLDER. WHEN THE CONTRACTOR APPLIES FOR THE PERMIT, IT GIVES THE COUNTY THE OPPORTUNITY TO VERIFY THAT THE CONTRACTOR IS LICENSED AND CERTIFIED, AS REQUIRED BY STATE AND LOCAL LAWS. THE UNWILLINGNESS OF THE CONTRACTOR TO OBTAIN THE NECESSARY PERMIT(S) MAY BE AN INDICATION THAT THE CONTRACTOR IS NOT PROPERLY LICENSED.

PLEASE CONTACT THE BUILDING OFFICIAL AT 276-730-3016 IF YOU HAVE QUESTIONS IN REGARDS TO THIS FORM.

NOTE: If the owner subs out any work to be performed, then the subcontractors will need to be listed in the contractors' register with the home owner being registered as the General Contractor. FAILURE TO LIST SUBCONTRACTORS IS A DIRECT INDICATION THAT THE OWNER IS THE SOLE BUILDER.

APPLICANT NAME: _____ **PHONE #** _____
OWNER NAME: _____ **PHONE #** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
911 ADDRESS FOR JOB: _____
DIRECTIONS FROM HILLSVILLE _____

MECHANIC LIEN AGENT: SECTION 43.1 OF CODE OF VIRGINIA:
NAME: _____ **PHONE #** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

INFORMATION FOR NEW DWELLING ONLY
DWELLING: [] STICK BUILT [] MODULAR [] LOG [] BLOCK [] POST & BEAM **MOBILE HOME:** [] SINGLE WIDE [] DOUBLE WIDE
ESTIMATED COST: _____
SQ FT OF LIVING AREA _____ **SQ FT OF BASEMENT** _____ **SQ FT OF GARAGE** _____ **TOTAL SQ FT OF PORCH/DECK** _____
NUMBER OF BEDROOMS _____ **NUMBER OF BATHROOMS** _____ **TYPE OF HEAT:** _____
MOBLIE HOME: MAKE & MODEL _____
Well & Septic Permit Number # _____ **WATER:** [] PUBLIC [] PRIVATE / **WELL:** [] EXISTING [] NON-EXISTING
SEPTIC: [] PUBLIC [] PRIVATE / **SEPTIC:** [] EXISTING [] NON-EXISTING
WORK ORDER NUMBER FOR AMERICAN ELECTRIC POWER # _____

INFORMATION FOR MISCELLANEOUS ONLY
ESTIMATE COST OF PROJECT: _____
[] COMMERCIAL _____ SQ FT _____ [] ELECTRICAL [] PLUMBING [] HVAC
[] RESIDENTIAL _____ SQ FT _____ [] ELECTRICAL [] PLUMBING [] HVAC
[] CHURCH/FELLOWSHIP _____ SQ FT _____ [] ELECTRICAL [] PLUMBING [] HVAC
[] MISCELLANEOUS _____ SQ FT _____ [] ELECTRICAL [] PLUMBING [] HVAC
[] OUTBUILDING/GARAGE- _____ SQ FT _____ [] ELECTRICAL
[] PORCH/DECK _____ SQ FT _____ [] ELECTRICAL
[] TOWER _____ [] ELECTRICAL
[] OTHER _____ [] ELECTRICAL [] PLUMBING [] HVAC

REQUIEMENTS OF STATE LAW

VIRGINIA CODE SECTION 54.1-1111: - A. ANY PERSON APPLYING TO THE BUILDING INSPECTOR OR ANY OTHER AUTHORITY OF A COUNTY, CITY OR TOWN IN THIS COMMONWEALTH, CHARGED WITH THE DUTY OF ISSUING BUILDING PERMITS FOR THE CONSTRUCTION OF ANY BUILDING, HIGHWAY, SEWER, OR STRUCTURE, OR ANY REMOVAL, GRADING, 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 CERTIFIED UNDER THE TERMS OF THIS CHAPTER TO CARRY OUT OR SUPERINTEND THE SAME OR (ii) FILE A WRITTEN STATEMENT, SUPPORTED BY SUBCONTRACTOR, OR OWNER-DEVELOPER PURSUANT TO THIS CHAPTER.

GENERAL CONTRACTOR/ OWNER/ RESPONSIBLE PARTY: NAME: _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ STATE LICENSE CERTIFICATION NUMBER _____ CONTRACTOR SIGNATURE _____

ELECTRICAL CONTRACTOR: NAME: _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ STATE LICENSE CERTIFICATION NUMBER _____ CONTRACTOR SIGNATURE _____

MECHANICAL CONTRACTOR: NAME: _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ STATE LICENSE CERTIFICATION NUMBER _____ CONTRACTOR SIGNATURE _____

PLUMBING CONTRACTOR: NAME: _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ STATE LICENSE CERTIFICATION NUMBER _____ CONTRACTOR SIGNATURE _____

OTHER CONTRACTOR: NAME: _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ STATE LICENSE CERTIFICATION NUMBER _____ CONTRACTOR SIGNATURE _____

_____, (**OWNER, CONTRACTOR, AUTHORIZED AGENT**) DO HEREBY CERTIFY AND ACKNOWLEDGE THAT I/WE DO UNDERSTAND AND WILL COMPLY WITH REQUIREMENTS OF **CHAPTER 11, ARTICLE 1, SECTION 54.1-1103 OF THE CODE OF VIRGINIA**. I/WE DO UNDERSTAND THAT ANY CHANGES TO THE ABOVE REGISTER SHALL BE REPORTED TO THE BUILDING OFFICIAL WITHIN **TWO (2) WORKING DAYS** OF SAID CHANGE. ANY ACTS PROHIBITED BY SECTION 54.1-1115 SHALL CONSTITUTE THE COMMISSION OF A CLASS 1 MISDEMEANOR.

SIGNATURE

DATE

LAND-DISTURBING SCREENING FORM

“LAND-DISTURBING ACTIVITY” MEANS ANY MAN-MADE CHANGE TO THE LAND SURFACE THAT MAY RESULT IN SOIL EROSION FROM WATER OR WIND AND THE MOVEMENT OF SEDIMENTS IN STATE WATERS OR ONTO LANDS IN THE COMMONWEALTH, INCLUDING, BUT NOT LIMITED TO CLEARING, GRADING, EXCAVATING, TRANSPORTING AND FILLING OF LAND.

WILL THERE BE **10,000 SQUARE FEET** (1/4 ACRE) OF **TOTAL LAND DISTURBANCE** REGARDLESS OF PHASING? ALL DISTURBANCE ASSOCIATED WITH THE PROJECT MUST BE ACCOUNTED FOR, INCLUDING **DRIVEWAYS, SEPTIC TANKS, DRAIN FIELDS AND SOIL STOCKPILES.** YES [] NO []

IS THE LAND-DISTURBING ACTIVITY TAKING PLACE IN A RESIDENTIAL DEVELOPMENT? YES [] NO []

WILL THERE BE AN ACRE OR MORE OF TOTAL LAND-DISTURBANCE ASSOCIATED WITH THIS PROJECT? YES [] NO []

IF YOU CHECK YES TO ANY OF THE ABOVE QUESTIONS, A LAND-DISTURBING PERMIT AND AN EROSION AND SEDIMENT CONTROL PLAN OR AGREEMENT IN LIEU OF AN EROSION AND SEDIMENT CONTROL PLAN ARE REQUIRED.

IF YOU CHECK **YES** TO EITHER OF THE LAST **TWO (2) QUESTIONS** VIRGINIA STORMWATER MANAGEMENT REQUIREMENTS MUST BE ADDRESSED.

LAND-OWNER NAME: _____
LAND-OWNER MAILING ADDRESS: _____
LAND- OWNER CONTACT PHONE NUMBER: _____
LAND-DISTURBING ACTIVITY LOCATION: _____

I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE PROVISIONS OF THE EROSION & SEDIMENT CONTROL ORDINANCE OF CARROLL COUNTY, AND THAT I ACCEPT THE RESPONSIBILITY FOR CARRYING OUT THE APPROVED E & S PLAN OR THE MEASURES SPECIFIED BY THE CARROLL COUNTY EROSION & SEDIMENT CONTROL INSPECTOR FOR THE ABOVE REFERENCED PROJECT. I FURTHER GRANT THE RIGHT-OF-ENTRY ONTO THIS PROPERTY, AS DESCRIBED ABOVE, TO THE DESIGNATED PERSONNEL OF CARROLL COUNTY FOR THE PURPOSE OF INSPECTING AND MONITORING FOR COMPLIANCE WITH THE AFORESAID ORDINANCE.

PROPERTY OWNERS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

_____ REQUIRES AN EROSION & SEDIMENT CONTROL PLAN
_____ REQUIRES AN AGREEMENT IN LIEU OF AN E&S PLAN
_____ EXEMPT

CHECKED BY: _____ DATE: _____