###### 

###### For Office Use Only #\_\_\_\_\_\_\_\_\_\_\_



**Manufactured Home/IndustrializedBuilding Application**

Date: Applicant:

Owner’s Name:

Address:

City: State Zip

Phone: Home Work/Cell

Signature: Email:

**Location of work**: **Is this location a manufactured home park?**  YES,  NO

Tax ID # - -

Address:

City: , Virginia Zip

**Description of Unit**:

Manufacturer:

Singlewide Doublewide Other

Overall Dimension: X Year of Manufacture:

**Dealer’s Name**:

Address:

City: State Zip

License Number:

Phone:( )

**Installer’s Name**:

Address:

City: State Zip

License Number:

Phone: ( )

**Mechanics Lien Agent**:

Address:

City: State Zip

Phone: ( )

**In accordance with Chapter 1, Article 1, Sections 108.0 and 109.0 of the Virginia Uniform Statewide Building Code, the following information contained on the back of this sheet is an integral part of this application and shall be submitted prior to commencing Plan Review.**

**\*\*\*See back of Application for Checklist. \*\*\***

**Manufactured (Double or Single Wide) Home**

**Required Information**

**Two copies of the following are required to accompany the completed application**

- Zoning Permit (1)  Provided  N/A

- Site Plan (1)  Provided  N/A

- Private Sewage Disposal Permit (1)  Provided  N/A

- Water &/or Sewer Tap Fee Receipts (1)  Provided  N/A

- Skirting Detail  Provided  N/A

- Construction Details for Decks & Porches (3)  Provided  N/A

- HUD Installation Disclosure to Customer Form  Provided  N/A

Set-up / Installation Manual with, but not limited to the following

- Footing Design (1)(2)  Provided  N/A

- Foundation Plan (2)  Provided  N/A

- Anchorage Detail (2)  Provided  N/A

- Marriage Wall / Connection Details (2)  Provided  N/A

I, , hereby certify all documents indicated above are included with this application. I understand that these documents need to be on the job site when calling for an inspection or I will be assessed a $50 re-inspection fee that shall be paid prior to any re-inspection being preformed.

Signature: Date:

P. O. Box 1397·Sussex, VA 23884·Area Code 434/246-4390·FAX 246-8259

|  |  |
| --- | --- |
| **GENERAL CONTRACTOR:** | ADDRESS: |
| VA.STATE LICENSE NUMBER: |  |
| CLASS / EXPIRATION: | COST ESTIMATE: $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MECHANICAL CONTRACTOR:** | | | | |
| VA.STATE LICENSE NUMBER: | | | ADDRESS: | |
| CLASS / EXPIRATION: | | |  | |
| OPERATING DATA | BTU RATING | FUEL TYPE | | COST ESTIMATE: $ |

|  |  |
| --- | --- |
| **PLUMBING CONTRACTOR:** | ADDRESS: |
| VA. STATE LICENSE NO: |  |
| CLASS / EXPIRATION: | COST ESTIMATE: $ |

|  |  |
| --- | --- |
| **ELECTRICAL CONTRACTOR:** | ADDRESS: |
| VA. STATE LICENSE: |  |
| CLASS / EXPIRATION: | COST ESTIMATE: $ |

**SHRINK SWELL SOIL DISCLOSURE**

I (WE) HAVE, OR MY (OUR) CONTRACTOR HAS APPLIED FOR A BUILDING PERMIT TO ERECT A BUILDING IN SUSSEX COUNTY, VIRGINIA.

THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION R.401.4 LIST SUSSEX COUNTY ALONG WITH MANY OTHER LOCALITIES IN THE STATE OF VIRGINIA AS HAVING A **20%** OR GREATER POTENTIAL FOR SHRINK SOIL IN THIS LOCALITY.

I (WE) HAVE BEEN INFORMED BY THE SUSSEX COUNTY BUILDING INSPECTIONS DEPARTMENT OF THE POSSIBILITY THAT SHRINK SWELL SOIL MAY EXIST ON MY (OUR) BUILDING SITE. I (WE) HAVE ALSO BEEN ADVISED OF THE NATURE OF THE DAMAGE THE PRESENCE OF SHRINK SWELL SOIL MAY CAUSE TO A BUILDING, TO INCLUDE FOOTING FAILURE, FOUNDATION FAILURE AND RESIDENTIAL STRUCTURAL DAMAGE.

I (WE) HAVE FURTHER BEEN ADVISED BY THE SUSSEX COUNTY BUILDING INSPECTIONS DEPARTMENT THAT I (WE) SHOULD CONSULT A PROFESSIONAL ENGINEER FAMILIAR WITH SHRINK SWELL SOIL TO DESIGN MY (OUR) FOOTING AND FOUNDATION. BY SIGNING THIS DOCUMENT, I (WE) AGREE THAT SUSSEX COUNTY AND/OR ITS OFFICIALS WILL BE HELD HARMLESS FOR ANY AND ALL STRUCTURAL FAILURES OR OTHER DAMAGES I (WE) MY INCURE BECAUSE OF THE PRESENCE OF SHRINK SWELL SOIL SHOULD I (WE) DECIDE TO BUILD ON THE SITE IN QUESTION.

DONE THIS \_\_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_, IN THE COUNTY OF SUSSEX.

OWNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PROPERTY OWNER’S AFFIDAVIT**

I, , of (address) , affirm that I am the owner of a certain tract or parcel of land located at: 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, as amended, and I am not subject to licensure as a contractor or subcontractor.

I am fully aware that any permit (building, mechanical, plumbing or electrical) issued to me pursuant to the application to which this affidavit is attached is valid only if I, personally perform the work for which the permit(s) is/are issued OR am personally supervising my employees, who must have the necessary licensure if required by law to perform such work. Allowing a person other than myself, employee(s), who, when required by law, must have the necessary licensure to perform such work under my supervision, to perform the work covered by this permit(s) shall immediately void the permit(s) and subjects me as well as the non-employee and/ or unlicensed employee, when licensure to perform the work is required by law, to possible criminal charges for failure to obtain a building permit.

(Affiant)

Signed and acknowledged by , in the County of Sussex, VA on the

day of , 2009, in the presence of the undersigned witness.

My commission expires .

My registration number is .

NOTARY PUBLIC

§54.1-1111 Prerequisites to obtaining building, etc. permit – 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 or other permits for the construction of any building, highway, sewer or structure, or any removed, 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 certified under the terms of this chapter to carry out or superintend the same, or (ii) file written statement, supported by an affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter.

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 his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor. (Code 1950, 54-138; 1970, c. 319; 1980, c. 634; 1988, c. 765, 1990 c. 911; 1991, c. 151; 1992, c. 713; 1995, c. 771; 1998, c. 754.)

Cross references. As to punishment for Class 3 misdemeanors, see §18.2-11

The 1998 amendment, in the first paragraph, in the first sentence, in the clause (ii) inserted “or” following “certification as a contractor,” and deleted “or owner-developer” following “subcontractor.”

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations of the Uniform Statewide Building Code and all applicable Ordinances.

Signature (\*) DATE

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***Sussex County Planning Department***

***Post Office Box 1397***

***20209 Thornton Square***

***Sussex, Virginia 23884***

***Phone: 434-246-1043***

***Fax: 434-246-8259***

***Fee: $75.00 g***

***Acreage: \_\_\_\_\_\_\_\_\_\_\_\_***

***Zoning District: \_\_\_\_\_\_\_\_\_\_\_\_***

***Tax Map Number: \_\_\_\_\_\_\_\_\_\_\_\_***

**Site or plot plan- for applicant use**

**Show Setbacks from all four property lines**

**Rear**

**Structure**

**Left Side Right Side**

**Front**

**Proposed Use:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***{Example: Single Family Dwelling, Single-wide manufactured home, double-wide, modular, etc.}***

**Setbacks: Front: \_\_\_\_\_\_\_ft Back: \_\_\_\_\_\_\_ft Right: \_\_\_\_\_\_\_ft Left: \_\_\_\_\_\_\_ft**

**For Official Use Only:**

**Zoning Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zoning Administrator**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**



***Sussex County Planning Department***

***Post Office Box 1397***

***20209 Thornton Square***

***Sussex, Virginia 23884***

***Phone: 434-246-1043***

***Fax: 434-246-8259***

***Fee: $10.00***

|  |
| --- |
| **Site Information** |
| Owner Name: |
| Lot Number: |
| Street: |
| Parcel Tax Number: |

|  |
| --- |
| **Applicant Information** |
| Name: |
| Mailing Address: |
| City State Zip: |
| Phone: |

|  |
| --- |
| **Reference Information:** |
| Addresses for Adjacent Properties:  Left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Right: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check One:   * Public Water * Private Water/Septic |

|  |  |
| --- | --- |
| **Site Plan:** | |
| **Each application must include a sketch of the lot showing the building or structure to be addressed. Please attach a copy of the most recent survey plat of the lot or parcel in question.** | |
| **Signed** | **Date:** |