



COUNTY of SUSSEX

Manufactured Home/Industrialized Building 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⁾ | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |
| - Site Plan ⁽¹⁾ | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |
| - Private Sewage Disposal Permit ⁽¹⁾ | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |
| - Water &/or Sewer Tap Fee Receipts ⁽¹⁾ | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |
| - Skirting Detail | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |
| - Construction Details for Decks & Porches ⁽³⁾ | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |
| - HUD Installation Disclosure to Customer Form | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |

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

- | | | |
|---|-----------------------------------|------------------------------|
| - Footing Design ⁽¹⁾⁽²⁾ | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |
| - Foundation Plan ⁽²⁾ | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |
| - Anchorage Detail ⁽²⁾ | <input type="checkbox"/> Provided | <input type="checkbox"/> N/A |
| - Marriage Wall / Connection Details ⁽²⁾ | <input type="checkbox"/> Provided | <input type="checkbox"/> 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 performed.

Signature: _____ Date: _____

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 _____

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 _____

Fee: \$75.00 _____
Acreage: _____
Zoning District: _____
Tax Map Number: _____



Sussex County Planning Department
Post Office Box 1397
20209 Thornton Square
Sussex, Virginia 23884
Phone: 434-246-1043
Fax: 434-246-8259

Zoning Application

SITE OR PLOT PLAN- FOR APPLICANT USE

Show Setbacks from all four property lines

Rear

Left Side STRUCTURE 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

Address Application

Fee: \$10.00

Site Information	Applicant Information	Reference Information:
Owner Name:	Name:	Addresses for Adjacent Properties:
Lot Number:	Mailing Address:	Left: _____
Street:	City State Zip:	Right: _____
Parcel Tax Number:	Phone:	Check One: <input type="checkbox"/> Public Water <input type="checkbox"/> 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: