



COUNTY of SUSSEX

RESIDENTIAL CONSTRUCTION APPLICATION

Date _____

Applicant/Contractor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

State License No: _____ Specialty: _____ Class: _____ Expiration Date: _____

Telephone Number: (_____) _____ (Work) (_____) _____ (Home) (_____) _____

Email Address: _____

Property Owner: _____ Location of Work: _____

District: _____ Tax Parcel ID Number: _____

(Please Indicate the Number of Rooms, etc. for the following):

BEDROOMS	___	DEN/GR RM	___	UTILITY RM	___	CARPORT	___	EXTERIOR	___
BATHROOMS	___	DINING RM	___	FOYER	___	PORCHES	___	HEAT TYPE	___
LIVING RM	___	KITCHEN	___	GARAGE	___	STUDY	___		
STORAGE	___	DECK(S)	___	BASEMENT	___	FIREPLACES	___		

Diminutions of Porch: _____ x _____ Diminutions of Deck: _____ x _____

GROSS AREA To include Porchs, Decks, and Attached Garage: _____ Value: _____

Name of Power Company: _____

MECHANIC LIEN AGENT:	DESCRIPTION: ___ Story SFD/MODULR/GAR APT _____ On Frame _____ Off Frame *Please include sq. footage for each item checked
NAME:	<input type="checkbox"/> Garage <input type="checkbox"/> Screened Porch
ADDRESS:	<input type="checkbox"/> R.O.G. <input type="checkbox"/> Front Porch
	<input type="checkbox"/> Front Deck <input type="checkbox"/> Back Porch
	<input type="checkbox"/> Back Deck <input type="checkbox"/> Covered Porch
PHONE NO. () -	<input type="checkbox"/> Side Deck <input type="checkbox"/> Basement
() NO MLA DESIGNATION	<input type="checkbox"/> Patio Deck <input type="checkbox"/> Detached Garage

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.

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 _____

Square Footage of project: _____

General Permit Required Information

Submitted

	<u>Yes</u>	<u>N/A</u>
Private Sewage Disposal System Permit		
Zoning Permit or Waiver (must have one or the other)		DO NOT USE
Water Tap Fee receipt		
Sewer Tap Fee Receipt		
Footing & Foundation Plan		
Footing & Foundation Details		
First Floor Plan		
Second Floor Plan		
Deck Framing Plan & Details		
2 – Sets of complete construction documents and plans		DO NOT USE

I _____ hereby certify all documents indicated above are included with this
 Print Name
 application. If after review the application is deemed incomplete I will be assessed a \$50 re-review fee that shall be paid prior to processing the application and issuance of the permit.

 Signature

 Date

AFFIDAVIT OF LICENSURE EXEMPTION

Name of Applicant: _____ Permit #: _____

Location of Project: _____

§ 54.1-1111. Prerequisites to obtaining business license; building, etc., permit.

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 or other permits for the construction of any building, highway, sewer, or structure, or any removal, 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 a written statement, supported by an affidavit, that he is not subject to licensure or*

Where quantifiable data created by accepted soil science methodologies indicate expansive, compressible, shifting or other questionable soil characteristics are likely to be present, the building official shall determine whether to require a soil test to determine the soil's characteristics at a particular location. This test shall be done by an approved agency using an approved method.

In 2005, a County-wide soil study was conducted and revealed that 0.6% of all acreage in the County (or 2,052 acres) has a high probability of the presence of shrink swell soil. This study also revealed that 26.3% of all acreage in the County (or 83,002.8 acres) has a moderate probability of the presence of shrink swell soil in the County. ***The County has not interpreted the results of this soil study to authorize the building official to require soil tests. The soil study did, however, reveal that there is a probability that shrink swell soils might be present in certain isolated locations in the County.*** Detailed information about this soil study, including maps delineating areas where these soils may be present, is available for inspection at the Sussex County Community Development Department upon request.

* * *

I have (or my contractor) has applied for a building permit to erect a building or construct improvements to an existing building in Sussex County, Virginia ("the project").

I have been informed by the Sussex County Community Development Department of the possibility that shrink swell soil may exist at site of the project. I 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 have further been advised by the Sussex County Community Development Department that I should consult a professional engineer familiar with shrink swell soil to design any footings and foundations associated with the project. By signing this document, I acknowledge that I have read and understand this disclosure and agree that Sussex County and its officials will be held harmless for any and all structural failures or other damages that may be incurred because of the presence of shrink swell soil should I decide to proceed with the project without having obtained the advice of an approved agency as specified in the International Residential Code.

Signature

Date

Printed Name

Address of Project