



# Plan Review and Building Permit Application

DEPARTMENT OF BUILDING & ZONING

202 S Church Lane

P O Box 1079

Tappahannock, VA 22560

(804) 443-4951

(804) 445-8023 fax

PERMIT NUMBER: \_\_\_\_\_

### Location of Building

Address: \_\_\_\_\_ Zoning District \_\_\_\_\_

or

Between \_\_\_\_\_ and \_\_\_\_\_ streets

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Lot Size (sq. ft. and acre) \_\_\_\_\_

### Owner of Lot:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 1. Type of Request – Check all/any that apply.

New Building

Commercial     Residential (see part 2)     Industrial     Other- Specify: \_\_\_\_\_

Addition to Existing Building or:

Alteration     Repair/Replacement     Demolition     Foundation only     Moving/Relocating

### 2. Residential

Single-family     Detached Single-family attached     Two or more family (number of units) \_\_\_\_\_

### 3. Accessory Building

Garage     Shed     Pole Barn     Carport Deck     Other-Specify: \_\_\_\_\_

### 4. Non-residential

Amusement/recreational     Church     Parking garage     Service Station     Hospital/Institutional

Office     Public Utility     School/Library     Mercantile Stores     Tanks/Towers/Co-Location

Other Specify \_\_\_\_\_

Describe in detail the proposed nonresidential use of buildings and land area (i.e. food processing plant, machine shop, laundry, elementary school, secondary school, college, parochial school, parking garage, department store, rental office building, office building, building at industrial plant, change of use) \_\_\_\_\_

**5. Type of Ownership**

- Private (individual, corporation, nonprofit)       Public (Federal, State, or local government)

**6. Cost**

Cost of Improvement \$ \_\_\_\_\_

To be installed but not included in the above cost

Electrical \$ \_\_\_\_\_ Plumbing \$ \_\_\_\_\_ Heating/AC \$ \_\_\_\_\_

Other (i.e. elevator, etc.) \$ \_\_\_\_\_

**Selected Building Characteristics – For new buildings complete parts 1 through 9; for demolition complete part 6 only**

**1. Framing**

- Masonry       Wood Frame       Structural Steel       Reinforced Steel       Other-specify: \_\_\_\_\_

**2. Heating Fuel**

- Gas       Oil       Electric       Coal       Wood       Heat Pump       Other-specify: \_\_\_\_\_

**3. Sewage Disposal**

- Public       Private Septic

**4. Water Supply**

- Public or private company       Private Well

**5. Mechanical**

Will there be central air conditioning?  Yes  No

Will there be an elevator?  Yes  No

**6. Dimensions**

Number of stories \_\_\_\_\_

Total square feet of all floor areas based on exterior dimensions \_\_\_\_\_

Total square feet of lot \_\_\_\_\_ total acre(s) of land \_\_\_\_\_

**7. Number of off-street parking spaces**

Enclosed \_\_\_\_\_

Outdoors \_\_\_\_\_

**Residential Buildings only**

**8. Number of bedrooms:** \_\_\_\_\_

**9. Number of bathrooms:** \_\_\_\_\_

- Full \_\_\_\_\_       Half \_\_\_\_\_

Contact Information and Certifications - This section must be completed by the applicant/contractor and certified design professional (CDP) as applicable:

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**Applicant/Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all applicable laws of Essex County and the Commonwealth of Virginia. I further authorize agents of Essex County or any other government agency(s), if needed, to enter and inspect the project to ensure all work in accordance with the regulations and laws of Essex County and the Commonwealth of Virginia.

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**Contractor/Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Professional License Number(s) \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all applicable laws of Essex County and the Commonwealth of Virginia. I further authorize agents of Essex County or any other government agency(s), if needed, to enter and inspect the project to ensure all work in accordance with the regulations and laws of Essex County and the Commonwealth of Virginia. I further certify that my professional license is up to date in accordance with the Commonwealth of Virginia.

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**Architect/Engineer/Certified Design Professional**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Professional License Number(s) \_\_\_\_\_

Signature of CDP: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and/or their agent that I have been authorized by the owner to prepare the plans and specifications in accordance with the requirements of Essex County and the most recent edition of Uniform Statewide Building Code.

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**Do not write on following page(s)**

Plan Review Record							
Type	Check	Plan Review Fee	Date Plans Stamped	By	Date Plans Approved	By	Notes
Building							
Plumbing							
Mechanical							
Electrical							
Other							

Validation			
Building Permit Number		For Department Use Only	
Building Permit Issued		Use Group	
Building Permit Fee	\$	Fine Grading	
Certificate of Occupancy	\$	Live Loading	
Drain Tile	\$	Occupancy Load	
Plan Review Fee	\$		

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

