

REQUIREMENTS FOR SUBMITTING APPLICATIONS



P.O. Box 50, New Kent, VA 23124, **Phone:** 804-966-9680, **Fax:** 804-966-8510
www.co.new-kent.state.va.us **Inspections:** 804-966-8572

In addition to completing an application for new construction, the following will need to be provided to the Building Development Office:

*****Please note that incomplete applications will not be accepted*****

- Two (2) complete sets of pier and tiedown specifications as provided by the manufacturer
- Two (2) floor plans
- One (1) copy of the site plan showing location of proposed improvements
- One (1) copy of Health Department Permit (if applicable)
- One (1) copy of recorded deed
- One copy of the Manufactured Home Supplemental Form **IE** replacing existing manufactured home
- A receipt from the Environmental Department or a copy of your Land Disturbance Permit If disturbing more than 2500 SF
- Fees will be determined at time of application submittal.
- **Please check the Land Disturbance Application Requirements to make sure you have enough copies for both offices.**
- There will be a \$.25 charge PER PAGE for any copies made by staff.

Please allow 20 business days for processing your building permit.

MANUFACTURED HOME APPLICATION

PERMIT
NUMBER



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OWNER

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____

CONTRACTOR

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
VA Contractor's No: _____ Class: _____
Expiration: _____ Email: _____

MECHANICS LIEN AGENT

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

PROJECT

Cost: _____ Health Dept ID No.: _____
GPIN: _____

Is this home replacing an existing structure? No Yes (If "Yes", Please complete additional form for replacements)

Serial No.: _____ UL No.: _____ Model: _____
Previous Owner: _____ # Bedrooms: _____ # Baths: _____
Color: _____ Fireplace: _____ Length: _____ Width: _____ Year: _____

SETBACKS - Please indicated distances from location of structure to each property line

Front: _____ Rear: _____ Right: _____ Left: _____

**APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THEIR SUBDIVISION'S CONVENANTS / REGULATIONS
PERMITS MUST BE OBTAINED BEFORE WORK IS COMMENCED. PERMIT FEES WILL BE DOUBLED FOR ANY WORK PERFORMED BEFORE
PERMIT IS OBTAINED.**

I CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND WITH REGULATIONS IN THE BUILDING CODE, ZONING ORDINANCE AND HEALTH DEPARTMENT OF THE COUNTY OF NEW KENT. THIS PERMIT BECOMES INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE.

SIGNATURE OF APPLICANT/AGENT/OWNER

DATE

OFFICE ONLY

Permit Fee: \$ _____ Surcharge: _____ Zoning: _____
Date: _____ Check Cash

COMMISSIONER OF REVENUE OFFICE

Commissioner of Revenue: _____ Date: _____
Business License: Yes No N/A

DESCRIPTION OF PROPERTY

Tax Map Parcel Number: _____ Lot No.: _____ Zone: _____ Block: _____
District: _____ Subdivision: _____ Section: _____
Use Group: _____

SEPTIC CERTIFICATION

I certify that there will be no interference with the existing septic tank and drain field lines / nor with the area designated as reserve repair area caused by the proposed project, accessory structures, additions, or alterations, etc. of the structure. I furthermore accept full responsibility in the event that any interference with the septic system does occur.

SIGNATURE OF APPLICANT/AGENT/OWNER

DATE

BUILDING OFFICIAL

DATE

APPROVED DISAPPROVED