

REQUIREMENTS FOR SUBMITTING APPLICATIONS



P.O. Box 150, New Kent, VA 23124, **Phone:** 804-966-9680, **Fax:** 804-966-8510
www.co.newkent.state-va.us **Inspections:** 804-966-8572

In addition to completing a building permit 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 plans and specifications
- 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
- 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 *7 business days* for processing your building permit.

PLANS REVIEW CHECKLIST



P.O. Box 150, New Kent, VA 23124, **Phone:** 804-966-9680, **Fax:** 804-966-8510
www.co.new-kent.state.va.us **Inspections:** 804-966-8572

- | | |
|---|--|
| <input type="checkbox"/> Engineer Soil Report (if required) | <input type="checkbox"/> Reinforcement
(if required Footing Size / Depth) |
|---|--|

FOUNDATION DETAILS

- | | |
|--|--|
| <input type="checkbox"/> Foundation Length / Width | <input type="checkbox"/> Wall Size / Width |
| <input type="checkbox"/> Brick Veneer Support | <input type="checkbox"/> Transition Block Solid |
| <input type="checkbox"/> Engineer Design Poured Veneer | <input type="checkbox"/> DRAINTILE / Waterproof |
| <input type="checkbox"/> Vents & Access Door | <input type="checkbox"/> Crawlspace Height / Clearance |
| <input type="checkbox"/> Pier Spacing / Size | <input type="checkbox"/> Girder Type / Size |
| <input type="checkbox"/> Vapor Barrier | |

GENERAL FLOOR PLANS

- | | |
|--|---|
| <input type="checkbox"/> Minimum Size Egress Exit | <input type="checkbox"/> Safety Glazing |
| <input type="checkbox"/> Floor Joist Size / Spacing / Type | <input type="checkbox"/> Engineer Design Floor System |
| <input type="checkbox"/> Subfloor Size / Type | <input type="checkbox"/> Wall Studs Size / Type / Spacing |
| <input type="checkbox"/> Header Size / Type / Location | <input type="checkbox"/> Beams Size / Type / Location |
| <input type="checkbox"/> Beam Bearing Support Size / Type | <input type="checkbox"/> Firestopping Location |
| <input type="checkbox"/> Insulation R-Values | <input type="checkbox"/> Chimney Clearances |
| <input type="checkbox"/> Attic Access / Ventilation | |

GARAGES

- | | |
|--|--|
| <input type="checkbox"/> Concrete P.S.I. | <input type="checkbox"/> Floor Slope |
| <input type="checkbox"/> Vapor Barrier | <input type="checkbox"/> Sheetrock / Fire Separation |

STAIRS

- | | |
|--|--|
| <input type="checkbox"/> Minimum Size / Width | <input type="checkbox"/> Riser / Tread Sizes |
| <input type="checkbox"/> Landing / Winder Sizes | <input type="checkbox"/> Ramp Size / Slope |
| <input type="checkbox"/> Handrail / Guardrail Height | <input type="checkbox"/> Picket Spacing |

DECKS

- | | |
|--|---|
| <input type="checkbox"/> Framing Details | <input type="checkbox"/> Footing Size / Depth |
| <input type="checkbox"/> Concrete Depth | <input type="checkbox"/> Pier Post Size / Type |
| <input type="checkbox"/> Stairs Size / Width / Type | <input type="checkbox"/> Pickets / Rails Spacing |
| <input type="checkbox"/> Attachment / Flashing / Bolting | <input type="checkbox"/> Girder / Floor Joist Size / Span |

ROOF SECTION / DETAILS

- | | |
|--|--|
| <input type="checkbox"/> Engineered Truss Designs | <input type="checkbox"/> Rafter Type / Size / Spacing |
| <input type="checkbox"/> Kingpost – To Solid Bearing | <input type="checkbox"/> Roof Sheathing Size / Spacing |

ELEVATIONS

- | | |
|--|---|
| <input type="checkbox"/> Proper Representation of House
Elevations per Floor Plan | <input type="checkbox"/> Door / Window Locations / Height |
| <input type="checkbox"/> Location of Steps to Grade | <input type="checkbox"/> Chimney Termination |

SINGLE FAMILY DWELLING

PERMIT
NUMBER



P.O. Box 150, New Kent, VA 23124, **Phone:** 804-966-9680, **Fax:** 804-966-8510
www.co.new-kent.state-va.us **Inspections:** 804-966-8572

PROPERTY OWNER OF RECORD

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

Project Location: _____ **Code YR 2012** _____ **2015** _____
GPIN _____ Is This an Industrialized Home? Yes No

PROJECT

Estimated Cost: _____ Health Dept ID No.: _____
1 Story: _____ Cape: _____ 2 Story: _____ House Height: _____
Floor Area: _____ Sq ft # Bedrooms: _____
Basement Area: _____ Sq ft Finished / Unfinished # Bathrooms: _____
Unfinished Area: _____ Sq ft
Attached Garage Area: _____ Sq ft Water: Public Private
Total Gross Area: _____ Sq ft Septic: Public Private
Fireplace: Masonry Pre-Fabricated Solid Fuel Gas Insert Vented Gas Insert Unvented
Deck: _____ Sq ft Attached Retaining Wall: _____ Sq ft
Porch: _____ Sq ft Open Porch: _____ Sq ft Enclosed

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. 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: _____

BUILDING OFFICIAL

DATE

APPROVED DISAPPROVED

