

**BUCKINGHAM COUNTY BUILDING PERMIT CHECKLIST**

- Obtain a Zoning Permit from the Zoning Administrator’s Office 434-969-4242
- Take Zoning Permit to Health Department to apply for a Well/Septic Permit 434-969-4244
- Obtain a Driveway Entrance Permit from VDOT Office 434-983-2017
- Obtain tax receipt from Treasurer’s Office 434-969-4744  
(showing that taxes are currently paid for the Tax Map Number of the property where work outlined in the Building Permit will be done)

**Bring the following items to the Building Inspector’s Office to apply for a Building Permit:**

- Zoning Permit
- Well/Septic Permit from Health Department
- Driveway Entrance Permit from VDOT (must be original)
- Mechanic’s Lien Agent name and address, if applicable
- Copy of Contractor’s License if project is not Owner Contracted
- Copy of floor plans
- Complete and accurate directions to site
- Proof that taxes are currently paid for the Tax Map Number listed

**Before a Certificate of Occupancy can be issued, the following items must be on file:**

- A passing final inspection
- Completion statement from Health Department for Well/Septic

**Inspections Required**

Please Note—Power company is notified after Building Inspector returns to his office following the inspection.

**For a Singlewide / Doublewide / On-Frame Modular:**

- Footers (18” below grade)
- Block / Strap / Tie-down
- Early service (optional)
- Final inspection (includes all safety aspects and the meter base)

**For an Off-Frame Modular:**

- Footers (18” below grade)
- Sill Plate
- Final inspection (includes all safety aspects and the meter base)

**For a Stick Built Dwelling:**

- Footers (18” below grade)
- Under slab (for homes with basements)
- Rough-in inspections (framing, electrical, plumbing, mechanical)
- Insulation
- Final inspection (includes all safety aspects and the meter base)

## **DIRECTIONS**

Guide for providing directions for Zoning / Building Permit:

It is extremely important that complete, accurate directions are supplied to this office.

Directions are to be provided from the County Administration Building to your building site. Use terms such as 'left' and 'right', instead of 'East' and 'West'. Look at a map to verify directions are accurate and that the roads turn the way they are listed on the permit.

Supply the 911 address if available, or the 911 address next to the site. Describe any driveway landmarks and how far off the road the building site is located.

It is required that the yellow building permit is displayed at the job site where it will be visible from the road.

**BUCKINGHAM COUNTY ZONING / BUILDING PERMIT APPLICATION**

*Application is hereby made for a permit: (1) to erect/alter a structure, as shown herein or located as shown in accompanying plans; (2) change the use of a structure or parcel; or (3) to clear/fill or grade land subject to Buckingham County's Erosion & Sediment Control Ordinance. The information which follows is part of this application. It will be relied upon for the issuance of a Building Permit and/or Certificate of Occupancy. It is understood and agreed by this applicant that any error, misstatement, or misrepresentation, either with or without intent on behalf of the applicant, such as might, or would operate to cause disapproval of this application, shall constitute sufficient grounds for revocations of permit. A copy of the plat and site plan shall accompany this application (unless for the purpose of perk test only). Please see attached Building Permit Checklist for more information regarding the building permit process. \*There is a \$10.00 fee required for zoning permit approval.\**

**NAME ON PERMIT (PRINT):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**LANDOWNER (PRINT):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**DIRECTIONS TO SITE (PLEASE SEE GUIDELINES—PAGE 2):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you become a new resident to Buckingham County?       YES       NO

Tax Map Number: \_\_\_\_\_ # Acres: \_\_\_\_\_

Is this a Subdivision? If yes, provide Subdivision name: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Magisterial District: \_\_\_\_\_ Flood District: \_\_\_\_\_

**UTILITIES:**

Will the intended/altered structure have plumbing?       YES       NO

Will the intended/altered structure have electricity?       YES       NO

Power company:       DOMINION       CENTRAL VA       SOUTHSIDE ELEC       AEP

**CLASSIFICATION OF WORK (PLEASE SELECT ONE CATEGORY):**

- |   |  |
|---|--|
| <input type="checkbox"/> Addition             | <input type="checkbox"/> Temporary Structure |
| <input type="checkbox"/> Alteration (Remodel) | <input type="checkbox"/> Other – N/A         |
| <input type="checkbox"/> New Construction     |  |

**NATURE OF WORK (PLEASE SELECT ONE DESCRIPTION):**

**ADDITION/REMODEL--RESIDENTIAL:**

- Addition—Living Space
- Addition—Porch/Deck
- Remodel

**DWELLING—NEW:**

- Apartment Building
- New Dwelling—Stick built
- Mobile Home—Singlewide (SW)
- Mobile Home--Doublewide (DW)
- Mobile Home—Triplewide (TW)
- Modular Unit

**DWELLING—REPLACE:**

- Replace SW with SW
- Replace SW with DW
- Replace SW with Modular
- Replace SW with Stick built
- Replace DW with SW
- Replace DW with DW
- Replace DW with MODULAR
- Replace DW with STICK BUILT

**COMMERCIAL:**

- New Commercial Construction
- Addition--Commercial
- Remodel--Commercial

**CHURCH:**

- Church Construction
- Church Construction (Sanctuary only)

**CARPORT/GARAGE:**

- Carport  
Attached / Detached (CIRCLE ONE)
- Garage  
Attached / Detached (CIRCLE ONE)
- Garage with living space above  
Attached / Detached (CIRCLE ONE)

**SHELTER/STORAGE:**

- Farm Use Building
- Mobile Home—Workshop/Storage
- Pavilion
- Shed (Between 200 – 400 sq. ft)
- Shed (400 sq. ft or more)

**SWIMMING POOL:**

- In-ground Pool
- Aboveground Pool

**MISCELLANEOUS/OTHER:**

- Demolition
- Electrical
- Mechanical
- Plumbing
- Sewer—Commercial
- Sewer—Residential
- Install Aboveground Storage Tank
- Underground Storage Tank  
Install / Remove (CIRCLE ONE)

**# OF NEW BEDROOMS:** \_\_\_\_\_

**SQUARE FOOTAGE OF STRUCTURE:**

BASEMENT: \_\_\_\_\_ 1<sup>ST</sup> FLOOR: \_\_\_\_\_ 2<sup>ND</sup> FLOOR: \_\_\_\_\_ ATTIC/LOFT: \_\_\_\_\_  
PORCH: \_\_\_\_\_ DECK: \_\_\_\_\_ GARAGE: \_\_\_\_\_ OTHER: \_\_\_\_\_

**OTHER STRUCTURES:**

Number of dwellings currently on site: \_\_\_\_\_ # of preexisting bedrooms: \_\_\_\_\_  
List any other structures currently on site: \_\_\_\_\_

**IF A NEW DWELLING IS REPLACING A DWELLING CURRENTLY ON THE PROPERTY (IF APPLICABLE):**

Please supply the following information, concerning the dwelling that is being replaced:  
What type of dwelling is being replaced? (singlewide, doublewide, modular, stick built): \_\_\_\_\_  
How many bedrooms? \_\_\_\_\_ If SW, DW, or modular, provide serial number: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_  
What will happen to the structure being replaced?  
\_\_\_\_\_

Name of company/individual buyer who will be taking the structure: \_\_\_\_\_

**NUMBER OF FEET FROM STRUCTURE TO PROPERTY LINES:**

FRONT: \_\_\_\_\_ BACK: \_\_\_\_\_ SIDE: \_\_\_\_\_ SIDE: \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION:** \_\_\_\_\_

**IF APPLICABLE TO PROJECT:**

**WATER:** ( ) EXISTING ( ) NEW ( ) N/A **IF NEW:** ( ) PUBLIC ( ) PRIVATE  
**SEPTIC:** ( ) EXISTING ( ) NEW ( ) N/A **IF NEW:** ( ) PUBLIC ( ) PRIVATE

**IS THERE A MECHANIC'S LIEN AGENT?:** ( ) YES ( ) NO

**IF YES, NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PRINT / SIGN:**

*By signing, I do hereby certify that the information given in this application is correct & true.*

APPLICANT (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT (SIGN): \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT(S) (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT(S) (SIGN): \_\_\_\_\_ DATE: \_\_\_\_\_

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**\*OFFICE USE ONLY\***

**ZONING**-----

Taxes checked:         Paid                       Owed

Upon review, permit:  Approved             Conditional Approval     Denied

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

Zoning Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING INSPECTIONS**-----

Taxes checked:         Paid                       Owed

Additional documentation:

Copy of plans:         Received             N/A

VDOT approval:      Received             N/A

VDH approval:        Received             N/A

Permit Technician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_