



County of Cumberland
 Department of Building & Zoning
 P.O. Box 110
 Cumberland, VA. 23040-0110

County Administrator (804) 492-3625
 Building Inspections (804) 492-9114
 Zoning Administrator (804) 492-3520
 Fax # (804) 492-9224

Building, Erosion & Sediment Control and Zoning Permit Application

Application Date: _____ Permit No. : _____

Application is hereby made for a Building, Erosion & Sediment and Zoning Permit in accordance with the description and for the purpose set forth herein. This application is made subject to all County and State laws and regulations, which are hereby agreed to by the undersigned and which shall be a condition of this permit.

PLEASE FILL OUT THIS FORM COMPLETELY – IF NOT, IT WILL BE RETURNED.

Place an "X" by the Applicable Permit Type Applying for:	<input type="checkbox"/> Building Permit	<input type="checkbox"/> Zoning Permit
	<input type="checkbox"/>	<input type="checkbox"/> Erosion & Sediment Permit (Land Disturbing)

Owner Name	Daytime Telephone No.
Mailing Address	

Applicant/Builder Name	Daytime Telephone No.
Mailing Address	

Mechanic Lien Agent Name	Daytime Telephone No.
Not applicable	Mailing Address

Property Location/Address:	Frontage:
Information Tax Map/Parcel Number:	Area (in acres or sq.ft.):
Current Deed Book/Page Number	Existing use of property
Lot Number: _____ Section _____ of _____	Subdivision
Magisterial District:	Voting District:
If constructing a new dwelling, are there any other dwellings on the parcel? Yes No #	
Other existing structures (number and type):	
Existing structures to be removed (number and type):	

<u>Type of Permit</u> Please "X" appropriate selections		Residential		Commercial	
Single family dwelling		Replace Siding		Manufactured Home Year: Color:	
Sign	Freestanding Double-wide:	Attached to Building		Singlewide	Year
Electrical	Plumbing	Mechanical	Deck	Chimney	Fireplace Demolition
Commercial/Industrial Structure Specify Use: _____				Multi-Family	No. of units: _____
Addition (specify) _____			Garage/Carport	Shed/Storage Building	
Land Clearing (Specify area to be disturbed) _____				Alteration	
Reroof	Other (Specify) _____				

Please Complete All Areas. If an area is not applicable write "N/A"

Building Use:		Number of rooms:		Number of stories:	
Use group:	Type of construction:	Foundation construction type:		Occupant load:	
Crawl space:	Basement: Finished	Unfinished	Full	Partial	
Exterior finish materials:			Interior finish materials:		
Fireplace:	Fireplace type of construction:		Chimney or Flue:	Type of construction:	
Garage/Carport:	Detached:	Attached:	Porches/Decks:		
Floor finish:	Type of roofing:	# of bedrooms:		Number of bathrooms:	
Health Permit Number:					

Electrical, Plumbing & Mechanical Show the type and number of each appliance where applicable, (e.g. 1 electric washer)					
Service Capacity		Type Disconnect		Bathtub	
Type Heat	Shower	Dishwasher		Kitchen sink	
Air conditioning	Lavatory	Clothes Dryer		Clothes Washer	
Location of Handler			Water Service		Sewer Service
Type of water heater	Water Closet		Range-oven		Urinal
Additional Information:					

		Structure Information (Square Footage & Height)	
		Finished	Garage/Carport
Basement	Unfinished		
1 st floor		Decks/ Porches	
2 nd floor		Height	
3 rd floor		Other (specify)	
Estimated Cost:			

Applicant Certification

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings, and that all construction will conform with all applicable state and county laws, ordinances and regulations with regard to zoning, health and building. Failure to do so shall automatically render this permit invalid. I understand that construction requires a building permit issued by the Cumberland County Building Official, and that a Zoning Permit must be approved by the Zoning Administrator prior to the issuance of a building permit. I understand that construction must commence within 6 months of issuance of this permit or the permit is rendered void. I further understand that the building may not be used or occupied, and buildings structurally altered or erected may not be used or changed in use, until the Certificate of Occupancy is issued.

_____ Date _____ Owner or Applicant Signature

Do Not Write Below This Line

Building/Zoning/Land Disturbing Routing Slip

Zoning District _____ Conditional Use Permit Rezoning Case# _____ (if applicable)

Use: _____ Flood Hazard District: Yes _____ No _____ F.I.R.M No. _____

Front Yard: Proposed _____ Required _____	Highway Corridor _____
Left Side yard: Proposed _____ Required _____	VDOT Entrance Permit _____
Right Side yard: Proposed _____ Required _____	Historic Resource _____
Rear yard: Proposed _____ Required _____	

Comments:

E & S Fee	\$ _____
Zoning	\$ _____
Site Plan Review	\$ _____
Proffer	\$ _____

Approved: _____ Date: _____
Zoning Administrator

1. BUILDING

PERMIT FEE

Residential		Commercial/Industrial
Permit Fee	_____	Permit Fee _____
Electrical	_____	Electrical _____
Plumbing	_____	Plumbing _____
Mechanical	_____	Mechanical _____
Other (specify)	_____	Other (specify) _____

Subtotal	_____	Subtotal _____
2.0% state levy	_____	2.0% state levy _____
Permit Total	_____	Permit Total _____
S & E Fee	_____	S&E Fee _____
911 Address Fee	_____	911 Address Fee _____
Zoning Fee	_____	Zoning Fee _____
TOTAL	_____	TOTAL _____

Comments:

Approved: _____ Date _____
Building Official