



Permit # Date Received:
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**APPLICATION FOR ZONING/BUILDING PERMIT – GLOUCESTER COUNTY, VA**

I. Name of Applicant (Note: Must be INDIVIDUAL) (*please print*): \_\_\_\_\_

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

Applicant Mailing Address (include city, state, zip): \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_ email: \_\_\_\_\_

II. Name of Property Owner(s): \_\_\_\_\_

Mailing Address \_\_\_\_\_ (C,S,Z) \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_ email: \_\_\_\_\_

III. Property Information:

Street Address: \_\_\_\_\_

Recorded Subdivision Name or Legal Description of Property: \_\_\_\_\_

RPC: \_\_\_\_\_ Tax Map # \_\_\_\_\_

IV. Describe the current use of the property: \_\_\_\_\_

V. List the type of project(s) being applied for (please give description of all proposed work) **including proposed use:** \_\_\_\_\_

\_\_\_\_\_

For **Dwelling(s)**: Number units proposed: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Building height in feet: \_\_\_\_\_ Square footage: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Estimated cost upon completion: \$ \_\_\_\_\_

**Projects other than dwellings** (describe): \_\_\_\_\_ # of stories: \_\_\_\_\_ Building height in ft: \_\_\_\_\_ Sq. ft.: \_\_\_\_\_

Cost: \$ \_\_\_\_\_

**\*\* NOTE: If this proposal is for an accessory apartment or accessory dwelling, please complete and sign page three (3)**

VI. Attach plans drawn to scale showing the following:

-The dimensions and shape of parcel(s) to be built upon.

-Existing primary and accessory buildings

-Proposed new structures, accessory buildings or alterations thereto showing front, rear and side yard setback lines.

**Note: Plans (surveys) for principal buildings are required to bear the seal of a licensed architect, engineer, or surveyor**

VII. Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ State License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

VIII. Mechanic's Lien Agent: \_\_\_\_\_ [ ] None designated

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

IX. **IF APPLYING FOR A MANUFACTURED HOME ONLY:** New \_\_\_\_\_ Replacement \_\_\_\_\_ Relocate; if so, from where \_\_\_\_\_

Make/Model/Year \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ Cost when purchased: \$ \_\_\_\_\_

X. **MANUFACTURED HOMES:**

Virginia Uniform Statewide Building Code (USBC) 419.2.2 Skirting. Manufactured homes installed or relocated shall have skirting installed within 60 days of occupancy of the home. As used in this section, "skirting" means a weather-resistant material used to enclose the space from the bottom of the manufactured home to grade.

**PRIVACY ACT STATEMENT:** Information provided in this application will be used in the permit review process and is a matter of public record once the application is filed. Disclosure of the requested information is voluntary, but it may not be possible to evaluate the permit application or to issue a permit if the information requested is not provided.

**CERTIFICATION:** I am hereby applying for all permits typically issued by the County of Gloucester for the activities I have described herein. I agree to allow the duly authorized representatives of any regulatory or advisory agency to enter upon the premises of the project site at reasonable times to inspect and photograph site conditions, both in reviewing a proposal to issue a permit and after permit issuance to determine compliance with the permit. In addition, I certify that this document and all attachments were prepared under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware of penalties pursuant to Section 15-10 for violation to the Gloucester County Zoning Ordinance for submitting false information.

**It is the applicant's responsibility to ensure compliance with all applicable local, state and federal regulations required for the proposed use.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**PROPERTY OWNERS' AFFIDAVIT**

*Owners obtaining building permits and not listing a contractor please complete and sign property owners' affidavit below (notary not required)*

I, \_\_\_\_\_,  
of (address) \_\_\_\_\_ affirm that I am the owner  
of a certain tract or parcel of land located at \_\_\_\_\_ and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.  
\_\_\_\_\_  
(Affiant signature)

*Signed and acknowledged in the county of Gloucester, VA, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the presence of the undersigned witness.*

\_\_\_\_\_  
(Witness)

**To be signed only if property is located in a flood zone:**

Federal law requires that a flood insurance policy be obtained as a condition of a federally backed mortgage or loan that is secured by the building. Flood insurance is available in Gloucester County.

\_\_\_\_\_ A determination of the building's exact location cannot be made on the FIRM. A copy of the FIRM is attached for your information.

NOTE: This determination is based on the Flood Insurance Rate Map for the County. This statement does not imply that the referenced property will or will not be free from flooding or damage. A property not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FIRM or from a local drainage problem not shown on the map. This statement does not create liability on the part of the County, or any officer or employee thereof, for any damage that results from reliance on this determination.

Building Inspection staff has explained the requirements in Chapter 8.5 of the Gloucester County Code entitled "Floodplain Management" to me. I understand that it is my responsibility to have the "under construction" and "finished construction" elevation certificates completed and signed by a certified engineer or certified land surveyor and returned to the Building Inspection office.

\_\_\_\_\_  
LANDOWNER/APPLICANT

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RETURN TO: Planning & Zoning/Building Inspection 6489 Main St, Gloucester, VA 23061

Telephone: Building Inspection: (804) 693-2744 Zoning: (804) 693-1224

Zoning Application Fee: **\$35.00**; Make check payable to *Gloucester County*; Payment is required with application and is NOT REFUNDABLE  
Building Permit Fees will be calculated at time of issuance

**ACCESSORY APARTMENT:** A secondary dwelling unit contained within a single family detached dwelling.

**ACCESSORY DWELLING:** A complete dwelling unit contained within a detached structure located on the same lot as a primary single family detached dwelling.

**BUILDING FOOTPRINT:** The area that falls directly beneath and shares the same perimeter as a structure.

**DWELLING UNIT:** A single unit providing complete independent living facilities for one (1) or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation, but not including a tent, cabin, travel trailer, manufactured home, or room in a hotel or motel.

**GROSS FLOOR AREA:** The total area of a building measured from the exterior faces of exterior walls, or the center line of walls separating two (2) attached buildings at each floor level intended for occupancy or storage.

**GROSS LIVING AREA:** All living space that has heating, lighting and ventilation. The main rooms and bedrooms, hallways, bathrooms and kitchen footage is calculated to determine the gross living area. Finished attic space with a minimum of 5-foot walls and heat is calculated for gross living area. Patios, porches and garages are not included in this measurement unless a garage has been converted into living space or an enclosed porch is heated.

**RESIDENCE, PRIMARY:** A residence that is a person’s first and most regularly used location for living. It is the place a person lists on tax statements and financial transactions, and otherwise represents as his or her permanent address

**Sec. 9-27 – Accessory apartments and accessory dwellings.**

The following requirements shall apply to **accessory apartments** and **accessory dwellings**:

(1) At the time of application for a zoning permit for an accessory apartment or an accessory dwelling, the owner of the lot or parcel subject to the zoning permit shall occupy the principal dwelling unit on the property for all or some portion of the year as either their primary residence or as a secondary or vacation home.

**(2) Accessory apartments:**

a. Only one accessory apartment per parcel is allowed.

b. On lots less than two (2) acres, the gross living area of an accessory apartment shall be no larger than 800 square feet or thirty-five (35) percent of the gross floor area of the principal structure whichever is greater.

c. On lots two acres or greater, the gross living area of an accessory apartment shall be no larger than 800 square feet or forty-nine (49) percent of the gross floor area of the principal structure whichever is greater.

**(3) Accessory dwellings:**

a. Only one accessory dwelling per parcel is allowed.

b. The building footprint of the detached structure containing the accessory dwelling shall be no greater than seventy-five (75) percent of the gross floor area of the principal structure.

c. On lots less than two (2) acres, the gross living area of the accessory dwelling unit shall be no larger than 800 square feet or thirty-five (35) percent of the gross floor area of the principal structure, whichever is greater.

d. On lots two (2) acres or greater, the gross living area of the accessory dwelling unit shall be no larger than 800 square feet or forty-nine (49) percent of the gross floor area of the principal structure, whichever is greater.

XI. \*\* If this proposal is for an **accessory apartment**, please provide the following:

- Parcel is less than 2 acres in area \_\_\_\_ greater than 2 acres in area \_\_\_\_
- Are there any existing accessory apartments on this parcel? Yes \_\_\_\_ No \_\_\_\_
- Does the property owner of this parcel occupy the principal dwelling unit? \_\_\_\_
- Gross living area of proposed accessory apartment = \_\_\_\_\_ square feet
- Gross floor area of existing principal structure = \_\_\_\_\_ square feet

XII. \*\* If this proposal is for an **accessory dwelling**, please provide the following:

- Parcel is less than 2 acres in area \_\_\_\_ greater than 2 acres in area \_\_\_\_
- Are there any existing accessory dwellings on this parcel? Yes \_\_\_\_ No \_\_\_\_
- Does the property owner of this parcel occupy the principal dwelling unit? \_\_\_\_
- Building footprint of proposed accessory dwelling = \_\_\_\_\_ square feet
- Gross floor area of existing principal structure = \_\_\_\_\_ square feet
- Gross living area of proposed accessory dwelling unit = \_\_\_\_\_ square feet

Certification for page 3 \_\_\_\_\_

APPLICANT’S SIGNATURE