

# County of Middlesex, Virginia

Department of Planning and Community Development

Effective Fee Date: October 4, 2022

## Zoning and Building Permit Application

### OFFICE USE ONLY

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Permit #: \_\_\_\_\_

E & S Agreement #: \_\_\_\_\_

Fee: \$50.00      Approval       Denial

Fee: \$50.00      Approval       Denial

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
E & S Administrator

See Comments if Checked

See Comments if Checked

Any person aggrieved by this notice may have the right of appeal. Any appeal shall be filed within thirty (30) days and be in accordance with Section 15.2-2311 of the Code of Virginia. This decision shall be final and unappealable if not appealed within thirty (30) days.

Date: \_\_\_\_\_

Approval

Denial

\_\_\_\_\_  
Building Official

See Comments if Checked

Building Permit #: \_\_\_\_\_

Fee: \_\_\_\_\_

#: \_\_\_\_\_

Fee: \_\_\_\_\_

#: \_\_\_\_\_

Fee: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Permitted Use Regulation: \_\_\_\_\_

Hydric Soil (per ACOE):     Yes     No

Zoning District: \_\_\_\_\_

Magisterial District: \_\_\_\_\_

CBPA: \_\_\_\_\_

Septic Permit #: \_\_\_\_\_

Flood Zone: \_\_\_\_\_

Land to be Disturbed: \_\_\_\_\_

Hydrologic Unit: \_\_\_\_\_

Date Complete Application Submitted: \_\_\_\_\_

Requires E911 Addressing:     Yes     No

### **TO BE COMPLETED BY APPLICANT:**

Parcel Size: \_\_\_\_\_ Current Use: \_\_\_\_\_

Project Description / Proposed Use: \_\_\_\_\_

E911 Address / Directions to Site: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Responsible Land Disturber: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Property Owner:**     Mail     Call When Ready

**Contractor:**     Mail     Call When Ready

Agent: \_\_\_\_\_

Agent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Mechanics Lien Agent: \_\_\_\_\_

Mechanics Lien Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mechanics Lien Agent – None Designated: \_\_\_\_\_

**Manufactured Homes Only**

Make: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Year: \_\_\_\_\_

Serial #: \_\_\_\_\_ Value of Manufactured Home: \_\_\_\_\_

Manufactured Home Purchased From: \_\_\_\_\_

**Zoning**

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that construction and use will conform to the Middlesex County Zoning Ordinance, Subdivision Ordinance or any other applicable laws of Middlesex County. I understand approval of this permit is contingent upon approvals of necessary Federal and State agencies.

**Erosion and Sediment Control Agreement**

In lieu of performing an E&S plan, I agree to comply with any reasonable requirements determined necessary by the Erosion and Sediment Program Administrator or agent.

**Building**

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that construction conforms to all applicable laws of this jurisdiction.

CHECK ONE OF THE FOLLOWING:  IBC  IRC

**Attach Copy of State Contractor’s License (Required)**

**Proposed Construction Meets Minimum V.D.H. Setback Requirements for Separation from Well and Septic Systems**

\_\_\_\_\_  
Signature Date Date Permit Issued

Fees Paid: \$ \_\_\_\_\_  Check #: \_\_\_\_\_  Cash

<b>Comments:</b> _____	<b>Conditions:</b>
_____	VMRC #: _____
_____	CBPA Exc. #: _____
_____	Variance #: _____
_____	Site Plan #: _____
_____	Other #: _____

**IN ORDER TO OBTAIN A BUILDING PERMIT, THE FOLLOWING  
MUST BE SUBMITTED**

- Two (2) sets of building plans for residential, three (3) sets of building plans for commercial
- Site plan prepared by a certified land surveyor or registered Civil Engineer showing base floor and finished floor elevation if construction is within a Flood Zone.
- Approval of the County Health Officer for sewage and water system and any such information as may be required by the Building Official.
- For a manufactured home, a copy of the Manufacturer’s Installation Instruction is required.
- A plot plan for Zoning review that includes:
  - [ ] Acreage of the parcel
  - [ ] The date the parcel was recorded
  - [ ] The location and dimensions of all existing and proposed structure(s), driveway(s), sidewalk(s) (Label each as existing or proposed.)
  - [ ] The location of the **existing septic field** or the **proposed septic field**
  - [ ] The size of impervious area on the lot (rooftops, concrete)
  - [ ] The distance from the proposed structures(s) to all property lines
  - [ ] The delineation of the RPA and RMA
  - [ ] The delineation of land clearing or disturbance
  - [ ] The size of the area of land clearing or disturbance (in square feet)
  - [ ] The location of any erosion and sediment control measures (silt fence, straw bales, gravel entrance, etc.)
  - [ ] The location of any trees (12”+ in diameter) that will be removed outside of the building, driveway, well, and/or septic footprints(s)
  - [ ] The location of new plants to replace trees (12”+ in diameter) that will be removed outside of the building, driveway, well and/or septic footprint(s). {Two new plants are required for every tree (12”+in diameter) that is removed outside of the building, driveway, or septic field footprints(s).}

When preparing the plot plan, it is preferable to use a copy of a survey. If a survey is not used, be as accurate as possible when drawing property lines.

**Notice:** It is the responsibility of the applicant to establish the location of the front, side, and rear property lines whereby the County Officials can determine that the setback requirements noted in this plot plan have been met. It is the applicant’s responsibility to complete the plot plan.

**BUILDING PERMIT WORKSHEET**

TEMPORARY CERTIFICATE OF OCCUPANCY \$50 / 6 MONTHS \$ \_\_\_\_\_

**MANUFACTURED HOME and MODULAR (INDUSTRIALIZED) HOMES**

\_\_\_\_\_ SQ. FT. x .12 = \$ \_\_\_\_\_

**BUILDING (All site built structures)**

ESTIMATED VALUE OF CONSTRUCTION: \$ \_\_\_\_\_

Square feet calculations:

1<sup>st</sup> Floor \_\_\_\_\_ SQ.FT.x 0.12=\_\_\_\_\_ Porch(s) \_\_\_\_\_ SQ.FT.x 0.10= \_\_\_\_\_

2<sup>nd</sup> Floor \_\_\_\_\_ SQ.FT.x 0.12=\_\_\_\_\_ Patio(s)/Decks \_\_\_\_\_ SQ.FT.x 0.10 = \_\_\_\_\_

Loft \_\_\_\_\_ SQ.FT.x 0.12=\_\_\_\_\_ Garage/Carport \_\_\_\_\_ SQ.FT.x 0.10= \_\_\_\_\_

Basement \_\_\_\_\_ SQ.FT.x 0.12=\_\_\_\_\_ Boathouse \_\_\_\_\_ SQ.FT.X 0.10= \_\_\_\_\_

Shed \_\_\_\_\_ SQ.FT.x 0.10=\_\_\_\_\_ Relocation \_\_\_\_\_ SQ.FT.x 0.10= \_\_\_\_\_

Finish Existing space \_\_\_\_\_ SQ.FT. x 0.10 = \_\_\_\_\_

**Plan review**

Dwelling Plans Review (Site Built Dwellings) = \$50

Commercial Construction \$50/10,000 SQFT = \_\_\_\_\_ (\$50 MIN)

**TOTAL (This Section) \$ \_\_\_\_\_**

**COMMERCIAL CONSTRUCTION \_\_\_\_\_ SQ.FT. X \$0.20 = \$ \_\_\_\_\_**

**SIGNS**

(SIZE) \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ SQ. FT. x .05 = \$ \_\_\_\_\_ + \$25 = \$ \_\_\_\_\_

**REMODEL, ALTERATIONS, STRUCTURES NOT LISTED \$5/\$1000**

ESTIMATED COST \_\_\_\_\_ x \$5/\$1000 of cost \$ \_\_\_\_\_ (**\$500 MAX**)

**BULKHEADS, PIERS, MISCELLANEOUS MARINE STRUCTURES, SWIMMING POOLS, CHIMNEYS, FIREPLACES, ANY OTHERS:**

ESTIMATED COST: \_\_\_\_\_ x \$10/\$1000 of cost = \$ \_\_\_\_\_

**DEMOLITION**

DEMOLITION FEE: \$25 \$ \_\_\_\_\_

**PERMIT FEE - Enter Total(s) From Above ( \$50 (Minimum Fee):** \$ \_\_\_\_\_  
**(NOTE: All After-the-Fact permits fees are double)**

**STATE MANDATED 2% FEE LEVY (PERMIT FEE X \$0 .02)** \$ \_\_\_\_\_

**Valuation Fee (Job Value of \$20,000 or Less) \$30.00** \$ \_\_\_\_\_

**Valuation Fee (Job Value of \$20,001 or More) \$40.00** \$ \_\_\_\_\_

**Valuation Fee (Class 3 or 4 Commercial) \$60.00** \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

# County of Middlesex, Virginia

Department of Planning and Community Development

## Zoning and Building Permit Application Addendum Agreement In Lieu of an Erosion and Sediment Control Plan

Application # _____	Parcel Number(s): _____
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Hydrologic Unit: _____
Signature: _____	Date: Tax Query: <input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Conditions/Comments: _____ _____ _____	

This agreement is for land disturbance associated with single family residence construction. This agreement is required for 2500 square feet or more of land disturbance in a Chesapeake Bay Preservation Area or 10,000 square feet or more of land disturbance outside of a Chesapeake Bay Preservation Area.

In lieu of submission of an erosion and sediment control plan for the land disturbance associated with construction of this single family dwelling, I agree to comply with any reasonable requirements determined necessary by the employees of Middlesex County, representing the Erosion and Sediment Control Program Administrator. Such requirements shall be based on the conservation standards contained in the Middlesex County Erosion and Sediment Control Ordinance, and shall represent the minimum practices necessary to provide adequate control of erosion and sedimentation on or resulting from this project.

As a minimum, all denuded areas on the lot shall be stabilized within seven (7) days of final grading with permanent vegetation or a protective ground cover suitable for the time of year.

I further understand that failure to comply with such requirements within three (3) working days following notice by the representatives of Middlesex County could result in citation for violation of the Middlesex County Erosion and Sediment Control Ordinance.

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Responsible Land Disturber: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Email: \_\_\_\_\_

**The Property Owner/Responsible Land Disturber must notify the County when land disturbing work begins and is completed.**

### Applicant's Signature

Application Fee: _____ <input type="checkbox"/> E & S Agreement (\$50.00)     Date Received: _____
Planning & Community Development: P.O. Box 428, Saluda, VA 23149-0427 – Phone (804) 758-3382 – Fax (804) 758-0061

David W. Kretz, L.S.  
Director



P. O. Box 428  
Saluda, Virginia 23149

## County of Middlesex

Office of Community Development and Building

### Safe, Adequate, and Proper

Va. Code § 32.1-165, as amended and effective as of July 1, 2016, provides authority for the procedures outlined in this policy. Va. Code § 32.1-165 states, "No county, city, town, or employee thereof shall issue a permit for a building designed for human occupancy without the prior written authorization of the Commissioner or his agent." "Safe, adequate, and proper" means a treatment works that complies with the Board of Health's currently effective regulations. VDH may approve an older sewage system that does not comply with current regulations provided the sewage system (1) complies with the regulatory requirements in effect at the time of its installation, (2) is not failing, and (3) can be expected to function properly given its design and construction for the sewage flow and strength.

**A Safe, Adequate, and Proper will be required for the following examples, but are not limited to these examples:**

1. **Replacement of a mobile home or manufactured home**
2. **Construct an addition of living space to an existing dwelling**
3. **Addition of an Accessory Structure with a living space or indoor plumbing**

In order to properly process a request, the following application titled Request for Health Department Review – Safe Adequate and Proper will need to be completed and submitted to the Local Health Department by the **APPLICANT**. The Middlesex County Building/Planning and Zoning Office will submit a separate request for review with the Local Health Department. Once request is process and returned the Middlesex County Building/Planning and Zoning Office, a review of your application can be completed.

**A Safe, Adequate, and Proper will not be require for the following examples, but are not limited to these examples:**

1. **Accessory structures with no additional living space or indoor plumbing**
  - a. **This includes sheds, carports, decks, porches not having living space, or garages**

Each application received will be handled on a **case by case** decision process and does not exempt the Safe, Adequate, and Proper review process.



# COMMONWEALTH of VIRGINIA

## THREE RIVERS HEALTH DISTRICT

SERVING ESSEX, GLOUCESTER, KING & QUEEN, KING WILLIAM, LANCASTER, MATHEWS, MIDDLESEX, NORTHUMBERLAND, RICHMOND, & WESTMORELAND COUNTIES

RICHARD WILLIAMS, M.D., M.P.H.  
DISTRICT HEALTH DIRECTOR

P.O. BOX 415  
SALUDA, VIRGINIA 23149  
TELEPHONE: (804) 758-2381  
FAX: (804)758-4828

### Owner Instructions for a Safe, Adequate and Proper (SAP) Request

Carefully read, fill out, sign and date the Property Owner Request for Review Application. This form should match information on the review request submitted to us by the County building or zoning office, where you are applying for a building permit. Your application is complete when we receive both forms, and any required fee. Note that this Owner Request requires:

1. An accurate drawing of the existing and proposed construction, and locations of existing sewage and water systems on the property.
2. A fee of \$150 for the local health department to perform an evaluation at your property;
  - a. **NOTE** that the septic tank and distribution box of your septic system must be uncovered for that visit.
  - b. **IF** you have an “alternative” system, then provide an operator visit report dated within the last 12 months, without uncovering the septic tank and distribution box.
3. **OR:** A fee of \$100 for the local health department to review work you have hired a private contractor to perform to support your request. These contractors may be a licensed septic installer, operator, soil evaluator (OSE) or professional engineer (PE).
  - a. **NOTE** that a private contractor evaluation is required for commercial property, or multi-family property with a sewage system designed for more than 1000 gallons per day, or for a dwelling that is not your principle place of residence.

**SAP Appendix 2b**  
**Request for Health Department Review – Safe Adequate and Proper**  
*To be completed by property owner or agent*

Owner Name:		Home Telephone:	
Mailing Address:		Office Telephone:	
		Cell Phone:	
E-mail address:			
Agent name:		Home Telephone:	
Mailing Address:		Office Telephone:	
		Cell Phone:	
E-mail Address:			
Property Location (provide directions from local health department):			
Tax Map:		PIN #:	
Subdivision Name (if applicable):		Lot #:	
Current Use (include # of bedrooms):			
Proposed Use (include # of bedrooms):			
<b>Please attach any recent records of onsite system (Pump-outs, or Operation and Maintenance Reports)</b>			
Has property been occupied during previous 30 day period?:	Yes	No	
The septic tank and distribution box are uncovered for inspection:	Yes	No	
If no, the septic tank and distribution box will be uncovered by following date:			
<b><i>(To prevent potential damage to the system, VDH recommends homeowners first contact Miss Utility for marking underground utilities. The septic tank and distribution box should be carefully excavated by hand)</i></b>			
Uncovering septic tank & distribution box would cause an undue hardship:	Yes	No	
If Yes, reason for hardship:			
(Examples of hardship: system is relatively new, recently pumped, accurate records exist, or excavation would likely damage components.)			
Related Building Permit #:		Health Department I.D. #:	
<p><b>PLEASE READ CAREFULLY: This report is only intended to address the above referenced request and does not address evaluation procedures for sewage systems being sold through real estate transfers, or systems and water supplies being reused as part of a subdivision process. This document specifically addresses VDH's implementation of § 32.1-165 of the Code of Virginia and is not to be used for any unauthorized use.</b></p> <p><b>The property boundaries and building locations are clearly marked or identified at the property. I give permission to the Virginia Department of Health to enter the property described, if necessary, for the purpose of processing this application. An accurate sketch of the property, existing structures, wells, sewage disposal systems, and proposed structure(s) is attached.</b></p>			
Owner/Agent Signature:		Date:	

This form contains personal information subject to disclosure under the Freedom of Information Act