

RESIDENTIAL NEW

County of Stafford

Department of Public Works
PO Box 339
1300 Courthouse Rd.
Stafford, Virginia
22555-0339
(540) 658-8650
www.co.stafford.va.us



RECEIVED BY: _____

DATE: _____

R/E TAXES CURRENT: _____

A/P: _____

MASTER PLAN: _____

JOB LOCATION

STREET ADDRESS: _____

TAX MAP #: _____ SECTION: _____ LOT: _____

SUBDIVISION: _____ SUBDIVISION PRELIMINARY/MINOR SUB. FINAL PLAT #: _____

IS A FIRE SUPPRESSION (SPRINKLER) SYSTEM REQUIRED? YES NO

CURRENT OWNER INFORMATION

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BUILDING CONTRACTOR INFORMATION

SAME AS OWNER

CONTRACTOR/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PRINT NAME _____

ORIGINAL SIGNATURE: _____

VIRGINIA CONTRACTORS LICENSE #: _____

LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

APPLICANT INFORMATION

SAME AS CONTRACTOR SAME AS OWNER

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DESIGNATED MECHANICS LIEN AGENT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

A/P: _____

MECHANICAL CONTRACTOR INFORMATION

SAME AS OWNER

CONTRACTOR/ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PRINT NAME _____

ORIGINAL SIGNATURE: _____

VIRGINIA CONTRACTORS LICENSE #: _____

LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

ESTIMATED VALUE OF WORK: _____

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

ELECTRICAL CONTRACTOR INFORMATION

SAME AS OWNER

CONTRACTOR/ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PRINT NAME _____

ORIGINAL SIGNATURE: _____

VIRGINIA CONTRACTORS LICENSE #: _____

LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

ESTIMATED VALUE OF WORK: _____

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

PLUMBING CONTRACTOR INFORMATION

SAME AS OWNER

CONTRACTOR/ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PRINT NAME _____

ORIGINAL SIGNATURE: _____

VIRGINIA CONTRACTORS LICENSE #: _____

LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

ESTIMATED VALUE OF WORK: _____

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

PROJECT INFORMATION

A/P: _____

TOTAL VALUATION	
DECLARED PROJECT VALUE \$ _____ (Total contract value)	CALCULATED PROJECT VALUE \$ _____ (Per ICC)

TYPE OF WORK

_____ Duplex _____ Industrialized _____ SFD _____ Townhouse

DESCRIPTION OF WORK

GROSS SQUARE FOOTAGE

USBC Edition: _____	Basement:
	1st Floor:
	2nd Floor:
	3rd Floor:
	Decks: Dimensions:
	Porches: Dimensions:
	Stoops: Dimensions:
	Garage/Carport:
	Gross Square Footage:

CHECK APPROPRIATE FIELD OR ENTER QUANTITY WHERE REQUIRED

_____ Basement *select all that apply:* Finished Unfinished Areaway Walk Out Window Well

_____ # Bathrooms _____ Carport _____ Garage _____ Stoop

_____ # Bedrooms _____ Deck _____ Porch _____ Other

MECHANICAL

_____ # Fireplace *select all that apply:* Pre-Fab Masonry Gas Wood Burning Gas Logs Woodstove Insert

_____ # Furnace _____ # Heat Pump _____ # Tank *select:* AG UG Size: _____

_____ Gas Piping *select:* Propane Natural _____ # Lift *select:* Elevator Dumb Waiter Wheelchair Lift

ELECTRICAL

_____ # Alt Energy Device _____ # Outdoor Light Pole _____ Temp Meter Expire Date _____

_____ Generator _____ # Sub Panel Power Company _____

PLUMBING

_____ Lawn Sprinkler _____ Public Sewer _____ Public Water _____ Septic _____ Well

TIME LIMITATION OF APPLICATION

Virginia Uniform Statewide Building Code 108.8

An application for a permit for any proposed work shall be deemed to have been abandoned six months after the date of filing unless such application has been pursued in good faith or a permit has been issued, except that the building official is authorized to grant one or more extensions of time if a justifiable cause is demonstrated.

APPLICANT INITIALS: _____

APPLICANT AGREEMENT

All information on this form is part of the application and must be complied with. I hereby certify that I have authority to make this application, that the information is complete and correct and that the work performed and equipment installed will conform to the Virginia Uniform Statewide Building Code and other applicable laws and regulations which relate to the property.

NAME: _____

ORIGINAL SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Permit #: _____

Clerk: _____

RESNEW Submission Checklist

All information listed below must be presented at the time of application submission for the permit to be processed.

- Residential New building permit application completed and signed by Contractor (with signatures of sub-contractors) or Owner (with Notarized Affidavit of Owner)**
- Include the Street Address as assigned by the Department of Planning and Zoning, tax map and parcel if address has not been assigned or submit a Letter of Request for Building Review if a lot has not been recorded. Applications submitted without an assigned address or prior to lot recordation will require additional processing time.**
- Two (2) electronic copies (on CD in pdf format) of building plans and supporting documents (as listed on the Residential Single Family Dwelling Check List for Structural Plan Review). The supporting documents include:**
 - Soils Report on Stafford County form (original seal)
 - Engineered floor design **or** None: Nominal lumber
 - LVL spec **or** None: Nominal lumber
 - Engineered roof truss design (original seal) **or** None: Common framed rafters
 - Manual J
 - Insulation Requirements:
 - RESCHECK, or
 - Minimum Prescriptive Requirements (shown on plan)
 - Completed Residential Single Family Dwelling Check List for Structural Plan Review
 - Grading plan/plat prepared by a licensed land surveyor or engineer for zoning review
- Water and Sewer Requirements:**
 - Constructions permits for well and septic from the Health Department or a Request for Building Review without Health Department Construction Permit, **or**
 - Previously applied for water and/or sewer service from the Department of Utilities
- One (1) electronic copy (on CD in pdf format) of grading plan/plat only (prepared by a licensed land surveyor or engineer) for grading review**
- Payment of required fees.**