



# SURRY AND SUSSEX COUNTIES



## RESIDENTIAL CONSTRUCTION APPLICATION

2018 Code  2021 Code  Date \_\_\_\_\_

Applicant/Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License No: \_\_\_\_\_ Specialty: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) (Work) (\_\_\_\_\_) (Home) (\_\_\_\_\_)

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

Property Owner: \_\_\_\_\_ Location of Work: \_\_\_\_\_

District: \_\_\_\_\_ Tax Parcel ID Number: \_\_\_\_\_

**(Please Indicate the Number of Rooms, etc. for the following):**

|           |                      |           |                      |            |                      |            |                      |           |                      |
|-----------|----------------------|-----------|----------------------|------------|----------------------|------------|----------------------|-----------|----------------------|
| BEDROOMS  | <input type="text"/> | DEN/GR RM | <input type="text"/> | UTILITY RM | <input type="text"/> | CARPORT    | <input type="text"/> | EXTERIOR  | <input type="text"/> |
| BATHROOMS | <input type="text"/> | DINING RM | <input type="text"/> | FOYER      | <input type="text"/> | PORCHES    | <input type="text"/> | HEAT TYPE | <input type="text"/> |
| LIVING RM | <input type="text"/> | KITCHEN   | <input type="text"/> | GARAGE     | <input type="text"/> | STUDY      | <input type="text"/> |           |                      |
| STORAGE   | <input type="text"/> | DECK(S)   | <input type="text"/> | BASEMENT   | <input type="text"/> | FIREPLACES | <input type="text"/> |           |                      |

Diminutions of Porch: \_\_\_\_\_ x \_\_\_\_\_ Diminutions of Deck: \_\_\_\_\_ x \_\_\_\_\_

GROSS AREA To include Porches, Decks, and Attached Garage: \_\_\_\_\_ Value: \_\_\_\_\_

| MECHANIC LIEN AGENT:                              | DESCRIPTION: _____ Story SFD/MODULR/GAR APT |                 |           |
|---|---|-----------------|-----------|
|   | On Frame                                    |                 | Off Frame |
| *Please include sq. footage for each item checked |   |                 |           |
| NAME:   | Garage                                      | Screened Porch  |           |
| ADDRESS:  | R.O.G.                                      | Front Porch     |           |
|   | Front Deck                                  | Back Porch      |           |
|   | Back Deck                                   | Covered Porch   |           |
| PHONE NO. (____) -                                | Side Deck                                   | Basement        |           |
| ( ) NO MLA DESIGNATION                            | Patio Deck                                  | Detached Garage |           |

In accordance with Chapter 1, Article 1, Sections 108.0 and 109.0 of the Virginia Uniform Statewide Building Code, the following information contained on the back of this sheet is an integral part of this application and shall be submitted prior to commencing Plan Review.

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations of the Uniform Statewide Building Code and all applicable Ordinances.

Signature (\*) \_\_\_\_\_ Date \_\_\_\_\_

Square Footage of project: \_\_\_\_\_

**General Permit Required Information**

Submitted

Yes   N/A

Private Sewage Disposal System Permit

\_\_\_\_\_

Zoning Permit or Waiver (must have one or the other)

DO NOT USE

Water Tap Fee receipt

\_\_\_\_\_

Sewer Tap Fee Receipt

\_\_\_\_\_

Footing & Foundation Plan

\_\_\_\_\_

Footing & Foundation Details

\_\_\_\_\_

First Floor Plan

\_\_\_\_\_

Second Floor Plan

\_\_\_\_\_

Deck Framing Plan & Details

\_\_\_\_\_

2 – Sets of complete construction documents and plans

DO NOT USE

I \_\_\_\_\_ hereby certify all documents indicated above are included with this  
Print Name application. If after review the application is deemed incomplete I will be assessed a \$50 re-  
view fee that shall be paid prior to processing the application and issuance of the permit.

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Signature

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Date

## **SHRINK SWELL SOIL DISCLOSURE**

**BACKGROUND:** The Virginia Uniform Statewide Building Code ('VUSBC') once listed Sussex County as having a 20% chance or greater potential for having shrink swell soil within its boundaries. Section R401.4 of the International Residential Code, which is incorporated into the VUSBC, has been revised and now provides as follows:

Where quantifiable data created by accepted soil science methodologies indicate expansive, compressible, shifting or other questionable soil characteristics are likely to be present, the building official shall determine whether to require a soil test to determine the soil's characteristics at a particular location. This test shall be done by an approved agency using an approved method.

In 2005, a County-wide soil study was conducted and revealed that 0.6% of all acreage in the County (or 2,052 acres) has a high probability of the presence of shrink swell soil. This study also revealed that 26.3% of all acreage in the County (or 83,002.8 acres) has a moderate probability of the presence of shrink swell soil in the County. *The County has not interpreted the results of this soil study to authorize the building official to require soil tests. The soil study did, however, reveal that there is a probability that shrink swell soils might be present in certain isolated locations in the County.* Detailed information about this soil study, including maps delineating areas where these soils may be present, is available for inspection at the Sussex County Community Development Department upon request.

\* \* \*

I have (or my contractor) has applied for a building permit to erect a building or construct improvements to an existing building in Sussex County, Virginia ("the project").

I have been informed by the Sussex County Community Development Department of the possibility that shrink swell soil may exist at site of the project. I have also been advised of the nature of the damage the presence of shrink swell soil may cause to a building, to include footing failure, foundation failure and residential structural damage.

I have further been advised by the Sussex County Community Development Department that I should consult a professional engineer familiar with shrink swell soil to design any footings and foundations associated with the project. By signing this document, I acknowledge that I have read and understand this disclosure and agree that Sussex County and its officials will be held harmless for any and all structural failures or other damages that may be incurred because of the presence of shrink swell soil should I decide to proceed with the project without having obtained the advice of an approved agency as specified in the International Residential Code.

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Signature

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Date

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Printed Name

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of Project

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Address