

# ORANGE COUNTY

## BUILDING & DEVELOPMENT SERVICES

COMMUNITY DEVELOPMENT  
BUILDING  
128 W. Main Street  
Orange, VA 22960



OFFICE: (540) 672-4574  
FAX: (540) 672-0164  
[orangecountyva.gov](http://orangecountyva.gov)

### PERMIT APPLICATION

(Complete the Appropriate Areas)

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*Application must be made by the Landowner or with his/her permission. If Applicant is not the Landowner, attach (1) a completed Authorized Agent Affidavit (2) a letter of permission from the landowner (3) a signed contract or agreement of work to be done OR (4) a copy of the contract to purchase the property, if applicable.*

Same as Applicant

Landowner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Project Address/Location: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Size of Parcel: \_\_\_\_\_ Zoning: \_\_\_\_\_

Responsible Land Disturber: \_\_\_\_\_ License Number \_\_\_\_\_ Exp. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Ph. Number \_\_\_\_\_  
Total Land Disturbance Calculation: \_\_\_\_\_ E&S Permit needed: Yes \_\_\_/No \_\_\_

#### **ZONING PERMIT:**

##### **Check applicable box for permit being requested:**

(Each structure/use requires a separate permit application)

<input type="checkbox"/> Single-family dwelling - # of bedrooms _____ <input type="checkbox"/> Two-family dwelling - # of bedrooms _____ <input type="checkbox"/> Non-residential/commercial structure (principal): _____ <input type="checkbox"/> Non-residential/commercial structure (accessory): _____ <input type="checkbox"/> Commercial change of use: _____ <input type="checkbox"/> Other structure/use: _____ _____	<input type="checkbox"/> Residential accessory structure (shed, deck, etc.): Type: _____ Size: _____ <input type="checkbox"/> Townhouses - # of units in structure: _____ <input type="checkbox"/> Manufactured home - # of bedrooms _____ Year: _____ Serial #: _____ HUD #: _____ <input type="checkbox"/> Used
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#### **Minimum submittal requirements for Zoning Permit (NOT APPLICABLE FOR BUILDING PERMIT):**

<input type="checkbox"/>	REQUIRED	This signed, completed application and the required fee (\$25 per application; cash or check)
<input type="checkbox"/>	REQUIRED	An administrative site plan* OR 8.5"x11" copy of an approved minor/major site plan
<input type="checkbox"/>	<input type="checkbox"/> N/A	An authorized agent affidavit (or other written permission if applicant is not the landowner)
<input type="checkbox"/>	<input type="checkbox"/> N/A	A VDOT Land Use (Entrance) Permit (or other VDOT approval) for entrances onto state roads
<input type="checkbox"/>	<input type="checkbox"/> N/A	All application materials and bond materials for erosion and sediment control permitting

\* See administrative site plan checklist for what must be shown on this type of plan

**RESIDENTIAL BUILDING PERMIT:**

**OR**

**COMMERCIAL BUILDING PERMIT:**

Contractor Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

VA State License # \_\_\_\_\_ Expiration: \_\_\_\_\_ (A COPY OF LICENSE IS REQUIRED)

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

Email Address: \_\_\_\_\_  N/A

Mechanic Lien Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_  N/A

Health Department Permit Number & Date: \_\_\_\_\_

Site Address (Include Township or Subdivision Name & Lot Number): \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Estimated Cost of Project \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

Fill in any blanks that may apply:

Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Number or Tenant Spaces/Apartments: \_\_\_\_\_ Stories: \_\_\_\_\_

Garage: \_\_\_\_\_ Decks/Porches: \_\_\_\_\_ Fireplaces: \_\_\_\_\_ Type of Heat: \_\_\_\_\_ Air Condition: \_\_\_\_\_

Basement: \_\_\_\_\_ Heated: \_\_\_\_\_ Finished: \_\_\_\_\_ Type of Exterior: Combustible or Noncombustible

Crawlspace: \_\_\_\_\_ Conditioned: yes or no Overall Size (length x width): \_\_\_\_\_

Water: Public or Private / Sewer: Public or Private Fire Sprinkler System: \_\_\_\_\_ Alarm System: \_\_\_\_\_

Underground Tank: \_\_\_\_\_ Pool/Hot Tub: \_\_\_\_\_ Commercial Kitchen Hood: \_\_\_\_\_ Hood Suppression: \_\_\_\_\_

Other Miscellaneous Info: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE: Applications without required fees or site plans will NOT be accepted.***