



THE TOWN OF COLONIAL BEACH, VIRGINIA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

315 Douglas Avenue, Colonial Beach, VA 22443
Phone: (804) 224-7506 Fax: (804) 224-7185
www.colonialbeachva.gov

ZONING APPLICATION FOR RENOVATIONS, ADDITIONS, ACCESSORY STRUCTURES

Application Date: _____

Permit Number: _____

Type: _____

Zoning application is hereby made for a renovation or addition to Principal Structure Permit in accordance with the description and for the purpose set forth herein. This application is made subject to all Town and State laws and regulations, which are hereby agreed to by the undersigned and which shall be a condition of this permit.

ALL APPLICABLE INFORMATION MUST BE COMPLETED OR APPLICATION WILL BE RETURNED. (Please Print)

Check all that apply				
<input type="checkbox"/> Residential	<input type="checkbox"/> Renovation	<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Electric	<input type="checkbox"/> Land Disturbance
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	<input type="checkbox"/> Acc. Structure	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Addendum/Renewal
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other: _____			

Owner Information		
Name	Daytime Telephone No.	
Mailing Address		
E-mail Address	Fax Number	Cell Number

Builder/ Applicant		
Name		Daytime Telephone No.
<input type="checkbox"/> Same as Owner	Mailing Address	
E-mail Address	Cell Number	

Property Information	Address _____		
Tax Map ID # _____	Area (in acres & sq. ft.) _____		
Current Deed Book/Page # _____	Lot # _____	Block _____	Section _____
Existing Use of Property _____			
Existing Structures on Property _____			
Existing Structures to be removed _____			

PLEASE FILL IN ALL AREAS RELEVANT TO THE PERMIT BEING REQUESTED

Building Use		No. of Rooms	No. of Bedrooms	Stories
Use Group		Occupant Load	Overall Height of Structure	
Water / Sewer	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Other Building Code Notes:	

Construction	<input type="checkbox"/> Framed	<input type="checkbox"/> Modular	<input type="checkbox"/> Other (specify):			Year
Foundation	<input type="checkbox"/> Masonry	<input type="checkbox"/> Formed Concrete	<input type="checkbox"/> Treated Wood	<input type="checkbox"/> Pre-Cast Concrete	<input type="checkbox"/> On Frame	<input type="checkbox"/> Off Frame
Square Footage	1 st floor sq. ft.		2 nd floor sq. ft.		3 rd floor sq. ft.	Total sq. ft.
Basement	<input type="checkbox"/> Finished	Sq. ft.	<input type="checkbox"/> Unfinished	Sq. ft.	<input type="checkbox"/> Partial	<input type="checkbox"/> Crawlspace
Walls	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Masonry Bearing	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other	
Exterior	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Stone	<input type="checkbox"/> Other
Roof	<input type="checkbox"/> Manufactured Trusses		<input type="checkbox"/> Field Frame	<input type="checkbox"/> Other (specify):		

Garage	<input type="checkbox"/> Detached	<input type="checkbox"/> Attached	Length	Width	Sq. ft.	Height
Porch/Stoop	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length	Width	Sq. ft.	Height
Deck/Patio	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length	Width	Sq. ft.	Height
Ramp	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length	Width	Sq. ft.	Height
Shed	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length	Width	Sq. ft.	Height
Carport	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length	Width	Sq. ft.	Height

Electrical	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Temporary	<input type="checkbox"/> Disconnect	Amps:
Mechanical	Heat Type:		Fuel Type:		<input type="checkbox"/> Replacement	<input type="checkbox"/> Hood
Plumbing	# Full Bath(s):		# Half Bath(s):		<input type="checkbox"/> Replace lines	<input type="checkbox"/> Repairs
Fireplace	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Wood Stove		
Chimney	<input type="checkbox"/> Manufactured		<input type="checkbox"/> Masonry	<input type="checkbox"/> Other (specify):		
Water Heater	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other (specify):			<input type="checkbox"/> Replacement
Tank / Gas lines	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Above ground	<input type="checkbox"/> Underground		
Generator	Type		Fuel Source		<input type="checkbox"/> Permanent	<input type="checkbox"/> Portable

Alarms / Amusements	Type:	Number:	
Tent	Size:	Occupant Load:	<input type="checkbox"/> Cooking
Landscaping	Total Trees Removed:		

Description of Work (Required):	
Estimated Cost of Work to be Performed:	

CHESAPEAKE BAY PRESERVATION OVERLAY DISTRICT

Environmental Information	Square Feet of Lot	Square feet of structure to be built (length X width)
Square feet of structures/uses (to be built or existing)		
Principal Structure (footprint) square feet:		
Porches, Decks, Stoops:		
Driveway & Sidewalk/Patio:		
Garage/Carport/Shed:		
Pool:		
Other Impervious Surface Square Feet:		
Total Square footage of all above impervious surfaces:		
Impervious Surface Ratio (%):		

(↑This chart must be filled in – do not reference “See site plan”)

Other Information or notes to be provided here:



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TRADESMAN AFFIDAVIT

I, _____, am installing Electrical/Plumbing/Mechanical/Gas
(circle appropriate category)

at _____ My company name is _____
(address/tax map#)

_____. I have all licenses and certifications required by the State of Virginia and the Town of Colonial Beach. Copies of my applicable licenses and certifications are attached.

Signature

Date

THIS AFFIDAVIT MUST BE COMPLETED PRIOR TO PERMIT ISSUANCE. ATTACH COPY OF VIRGINIA LICENSE, TRADESMAN CERTIFICATION CARD, TOWN BUSINESS LICENSE.