

Carroll County Department of Inspections
605-1 Pine Street
Suite C115
Hillsville, VA 24343
Office: 276-730-3016

PLEASE READ ALL INFORMATION CAREFULLY

All permit applicants need to complete the required permit applications and submit to the office for approval. After the application has been processed and approved, the applicant will be notified for payment and the issuance of the permit.

You must call in and complete your first inspection within six (6) months after the permit is issued or permit will be void.

Inspections are performed according to geographic location in the County to allow inspectors to establish the most efficient route each day. Every effort will be made to perform inspections on the day requested. Depending on an inspector's workload, it may take up to 48 hours to complete your inspection.

Please make sure that your yellow job card is posted on the job site or no inspections will be completed!

The applicant shall furnish satisfactory proof that the taxes or license fees required by any county, city or town have been paid to qualify to bid upon or contract for the work for which the permit applies.

Please read the Owner/Builder Affidavit. This document contains important information regarding contractor's licensure laws.

To Obtain a Manufactured Home Permit

- ✓ Attach a current copy of the *well and septic permits* from the Health Department-
Mr. Dave Burris @ 276-730-3180
- ✓ Provide the *911 address* from the Twin County E-911 Commission-
276-236-5122
- ✓ Provide *VDOT Land Use Permit* if needed-
VDOT Land Development Engineer- Mr. Will Dotson @ 276-730-0021
william.dotson@vdot.virginia.gov
- ✓ Have *all contractors* listed including contractors name, address, and license numbers
Owith original signatures.
- ✓ Fill out *Land Disturbance Screening Form* attached.
- ✓ If building your own home, Read and Sign the *Owner/Builder Affidavit*.

LAND-DISTURBING SCREENING FORM

"LAND-DISTURBING ACTIVITY" MEANS ANY MAN-MADE CHANGE TO THE LAND SURFACE THAT MAY RESULT IN SOIL EROSION FROM WATER OR WIND AND THE MOVEMENT OF SEDIMENTS IN STATE WATERS OR ONTO LANDS IN THE COMMONWEALTH, INCLUDING, BUT NOT LIMITED TO CLEARING, GRADING, EXCAVATING, TRANSPORTING AND FILLING OF LAND.

WILL THERE BE 10,000 SQUARE FEET (1/4 ACRE) OF TOTAL LAND DISTURBANCE REGARDLESS OF PHASING? ALL DISTURBANCE ASSOCIATED WITH THE PROJECT MUST BE ACCOUNTED FOR, INCLUDING DRIVEWAYS, SEPTIC TANKS, DRAIN FIELDS AND SOIL STOCKPILES. YES [] NO []

IS THE LAND-DISTURBING ACTIVITY TAKING PLACE IN A RESIDENTIAL DEVELOPMENT? YES [] NO []

WILL THERE BE AN ACRE OR MORE OF TOTAL LAND-DISTURBANCE ASSOCIATED WITH THIS PROJECT? YES [] NO []

IF YOU CHECK YES TO ANY OF THE ABOVE QUESTIONS, A LAND-DISTURBING PERMIT AND AN EROSION AND SEDIMENT CONTROL PLAN OR AGREEMENT IN LIEU OF AN EROSION AND SEDIMENT CONTROL PLAN ARE REQUIRED.

IF YOU CHECK YES TO EITHER OF THE LAST TWO (2) QUESTIONS VIRGINIA STORMWATER MANAGEMENT REQUIREMENTS MUST BE ADDRESSED.

LAND-OWNER NAME: _____
LAND-OWNER MAILING ADDRESS: _____
LAND- OWNER CONTACT PHONE NUMBER: _____
LAND-DISTURBING ACTIVITY LOCATION: _____

I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE PROVISIONS OF THE EROSION & SEDIMENT CONTROL ORDINANCE OF CARROLL COUNTY, AND THAT I ACCEPT THE RESPONSIBILITY FOR CARRYING OUT THE APPROVED E & S PLAN OR THE MEASURES SPECIFIED BY THE CARROLL COUNTY EROSION & SEDIMENT CONTROL INSPECTOR FOR THE ABOVE REFERENCED PROJECT. I FURTHER GRANT THE RIGHT-OF-ENTRY ONTO THIS PROPERTY, AS DESCRIBED ABOVE, TO THE DESIGNATED PERSONNEL OF CARROLL COUNTY FOR THE PURPOSE OF INSPECTING AND MONITORING FOR COMPLIANCE WITH THE AFORESAID ORDINANCE.

PROPERTY OWNERS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

- _____ REQUIRES AN EROSION & SEDIMENT CONTROL PLAN
_____ REQUIRES AN AGREEMENT IN LIEU OF AN E&S PLAN
_____ EXEMPT

CHECKED BY: _____ DATE: _____



TIM CARPENTER
Certified Building Official, MCP
E & S Administrator
Certified Building Inspector
Plan Reviewer

CONTRACT

AGREEMENT IN LIEU OF AN EROSION & SEDIMENT CONTROL PLAN FOR HOMEOWNERS (FOR THE CONSTRUCTION OF A SINGLE FAMILY RESIDENCE ONLY)

LANDOWNER SIGNATURE _____ DATE _____
LANDOWNERS NAME (PRINT) _____ PHONE NUMBER _____
LANDOWNERS MAILING ADDRESS _____ EMAIL _____
PROJECT 911 ADDRESS _____
ESTIMATED DISTURBED AREA IN ACRES _____ DATE OF EXPECTED LAND DISTURBANCE _____

I, _____ (LANDOWNER INITIALS), HEREBY **AGREE TO COMPLY** WITH ALL REQUIREMENTS SET FORTH IN THE CARROLL COUNTY EROSION & SEDIMENT CONTROL ORDINANCE TO CONTROL EROSION AND SEDIMENT DEPOSITION DURING THE DURATION OF MY LAND-DISTURBING ACTIVITY.

I, _____ (LANDOWNER INITIALS), FURTHER UNDERSTAND AND **AGREE TO PAY** ANY AND ALL CIVIL CHARGES THAT MAY BE ASSESSED FOR VIOLATIONS, AFTER PROPER NOTICE, IN ACCORDANCE WITH THE AMOUNTS SPECIFIED IN SECTION 120-7 (E) OF THE CARROLL COUNTY EROSION & SEDIMENT CONTROL ORDINANCE, FOR NON-COMPLIANCE.

I, _____ (LANDOWNER INITIALS), **GRANT THE RIGHT-OF-ENTRY** ONTO THE LISTED PROPERTY TO THE DESIGNATED PERSONNEL OF CARROLL COUNTY FOR THE PURPOSE OF INSPECTING AND MONITORING FOR COMPLIANCE WITH THE COUNTY'S E&S ORDINANCE.

MEASURED SPECIFIED BY THE EROSION & SEDIMENT CONTROL PLAN

- o INSTALLATION OF AN ADEQUATE CONSTRUCTION ENTRANCE TO PREVENT THE TRACKING OF MUD ONTO PAVED OR PUBLIC ROADS **MUST BE MAINTAINED** THRU THE DURATION OF THE LAND-DISTURBING ACTIVITY. **MINIMUM STANDARD-17 REQUIREMENT**
- o SEDIMENT TRAPPING MEASURES **SHALL BE CONSTRUCTED** AS THE FIRST STEP IN ANY LAND-DISTURBING ACTIVITY AND **SHALL BE MADE FUNCTIONAL** BEFORE UPSLOPE LAND DISTURBANCE TAKES PLACE. **MINIMUM STANDARD-4 REQUIREMENT**
- o ALL DENUDED AREAS **SHALL BE PERMANENTLY STABILIZED** WITHIN 7 DAYS OF FINAL GRADE WITH PERMANENT VEGETATION OR A PROTECTIVE GROUND COVER SUITABLE FOR THE TIME OF YEAR. **MINIMUM STANDARD- 1 REQUIREMENT**
- o ALL APPLICABLE FEDERAL, STATE, AND LOCAL REGULATIONS PERTAINING TO WORKING IN OR CROSSING LIVE WATER COURSES **MUST BE MET**. **MINIMUM STANDARD-14 REQUIREMENT**
- o ALL TEMPORARY SEDIMENT TRAPPING MEASURES **MUST BE MAINTAINED** THROUGH THE DURATION OF THE LAND-DISTURBING ACTIVITY. **SEDIMENT SHALL BE REMOVED** AND ANY REPAIRS NECESSARY MADE. INSPECTION BY THE LAND OWNER OR RESPONSIBLE PARTY OF ALL TEMPORARY MEASURES SHALL BE DONE **WEEKLY** AND **WITHIN 24 HOURS** OF ANY RUNOFF PRODUCING RAIN EVENT. **MINIMUM STANDARD-18 REQUIREMENT**
- o ALL PROPERTIES AND WATERWAYS DOWNSTREAM FROM THE LAND-DISTURBING ACTIVITY **SHALL BE ADEQUATELY PROTECTED** FROM EROSION AND SEDIMENT DEPOSITION. INCLUDING BUT NOT LIMITED TO DITCH LINES WHICH ARE LOCATED IN VDOT RIGHT-OF-WAYS. **MINIMUM STANDARD-19 REQUIREMENT**



Building Application
 Carroll County Department of Inspections
 605-1 Pine Street
 Hillsville, Virginia 24343
 Office: 276-730-3016 Fax: 276-730-3178

PERMIT # _____
 District: _____
 Parcel ID # _____

| | |
|---------------------------------|-------|
| Permit Holders Name | _____ |
| Property Owners Name | _____ |
| Property Owners Mailing Address | _____ |
| Property Owners Phone Number | _____ |
| 911 Job Site Address | _____ |
| Email Address | _____ |

Type(s) of Permits Needed & Estimated Cost of Each Project

Building \$ _____ Electrical \$ _____ Plumbing \$ _____ Mechanical \$ _____ Fuel Gas \$ _____

Permit Information- (Only for NEW Dwelling)

Commercial Residential Church/Fellowship

Dwelling Information- (Only for NEW Dwelling)

Manufactured Home Stick Built Log Modular Block Post & Frame Other: _____

Miscellaneous

Remodel Addition Demolition Porch/Deck Garage/Carport Outbuilding Tower
 Install/Remove Tank Office Picnic Shelter Restaurant Swimming Pool

Scope of Work: _____

Well & Septic Information-

Water: Public Private Existing Non-Existing

Septic: Public Private Existing Non- Existing

Construction Information

Dimension/ Sq. Footage

Living Area: _____
 Basement: _____
 Garage: _____
 Porch/Deck: _____
 Other: _____

Number of Room

Bedrooms: _____
 Bathrooms: _____

Mechanics' Lei Agent: Section 43.1 of Code of Virginia:

Name: _____ Phone : _____

Address: _____

Electrical Information

Change of Service 200 AMP 200 AMP 3 Phase 400 AMP 400 AMP 3 Phase
 Over 600 AMP Misc. Temporary Power Pole Re-Connection Generator Solar
 Other: _____

AEP Work Order Number (Temporary) 9 digit #: _____

AEP Work Order Number (Permanent) 9 digit #: _____

VA State
Licensed
Contractor
Information

OR

Owner
VA STATE
CODE
54.1-1101

General Contractor/Agent: _____

Phone: _____ VA License # _____ Class: _____

Responsible Party Signature: _____

Electrical Contractor/Agent: _____

Phone: _____ VA License # _____ Class: _____

Responsible Party Signature: _____

Mechanical Contractor/Agent: _____

Phone: _____ VA License # _____ Class: _____

Responsible Party Signature: _____

Plumbing Contractor/Agent: _____

Phone: _____ VA License # _____ Class: _____

Responsible Party Signature: _____

Other Contractor/Agent: _____

Phone: _____ VA License # _____ Class: _____

Responsible Party Signature: _____

This document contains important information regarding contractors licensure law as defined in Title 54.1, Chapter 11, Code of Virginia.

PLEASE READ CAREFULLY BEFORE SIGNING OWNER/BUILDER AFFIDAVIT

TITLE 54.1-1111. Any person applying to the code official or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such code official or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement, supported by affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.

TITLE 54.1-1101(Exemptions) - The provisions of this chapter shall not apply to: *(Please check the appropriate box.)*

Any person who performs or supervises the construction, removal, repair or improvement of no more than *one primary residence* owned by him and for his own use during any *24-month period*.

Any person who performs or supervises the construction, removal, repair or improvement of a house upon his own real property as a bona fide gift to a member of his immediate family provided such member lives in the house. For purposes of this section, "immediate family" includes one's mother, father, son, daughter, brother, sister, grandchild, grandparent, mother-in-law, and father-in-law.

Any person who performs or supervises the repair or improvement of industrial or manufacturing facilities, or a commercial or a retail building for his own use.

Any person who performs or supervises the repair or improvement of residential dwelling units owned by him that are subject to the Virginia Residential Landlord and Tenant Act (§ 55-248.2, et seq.)

WARNING I hereby affirm that I have read Title 54.1-1111 Code of Virginia and fully understand the contents thereof and that I am not subject to licensure as a contractor or subcontractor. I further affirm that I will be solely responsible for all construction on the described property allowed by the permit(s) hereby issued. If the work is performed by any other person or firm employed by me; that person or firm must comply with state and local contractor licensing laws.

Applicant Signature: _____ **Date:** _____

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of the record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official/his authorized representative shall have authority to enter the areas herein at any responsible hour for the purpose of enforcing the provisions of the applicable code(s).

Applicant Signature: _____ **Date:** _____



Fuel Gas Application
Carroll County Department of Inspections
 605-1 Pine Street
 Hillsville, Virginia 24343
 Office: 276-730-3016 Fax: 276-730-3178

| |
|-------------------|
| PERMIT # _____ |
| District: _____ |
| Parcel ID # _____ |

| | |
|---------------------------------|-------|
| Permit Holders Name | _____ |
| Property Owners Name | _____ |
| Property Owners Mailing Address | _____ |
| Property Owners Phone Number | _____ |
| 911 Job Site Address | _____ |
| Email Address | _____ |

Permit Information:

Scope of Work: _____

| | | | |
|---|---|--|---|
| Gas Appliances : <input type="checkbox"/> Range/Cook Stove <input type="checkbox"/> Dryer <input type="checkbox"/> Water Heater <input type="checkbox"/> Fireplace Insert <input type="checkbox"/> Gas Log Set <input type="checkbox"/> _____ <input type="checkbox"/> Total number of appliances | Gas Piping Are you running gas pipe? <input type="checkbox"/> YES <input type="checkbox"/> NO | Service Equipment <input type="checkbox"/> Gas Service <input type="checkbox"/> Manifold <input type="checkbox"/> Relocate Meter | <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Church/Fellowship |
| | Heating/Boilers <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> RTU | Oil Tanks <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned | |

Fuel Gas/Agent: _____

Phone: _____

VA License # _____

Class: _____

Responsible Party Signature: _____

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Applicant

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