Department of Inspections  
County of Floyd  
120 West Oxford Street   PO Box 218   Floyd, VA 24091  
Phone: 540-745-9359   Fax: 540-745-9305

Checklist of Documents Needed Prior to Building Permit Issuance

**You Must Begin Work With-in “6 Months” after the permit is issued or permit will be void.**  
If proposed work is suspended or abandoned for “6 Months”, the permit shall be null and void.

- Copy of your Proposed Building Plans  
  All proposed building plans must be approved by our locality’s Building Official prior to permit issuance.

- Approved Well & Septic Documentation from the Floyd Co. Health Dept.

- Signed Land Disturbance Form

- All Proposed Building Plans Must Comply with Our Locality’s "Set Back Requirements":
  
  35’ from edge of Roadways (State Maintained & Private Roadways)  
  5’ from structures and property lines (Residential Only)

  **Note:** Be sure to review our locality’s “Subdivision Ordinance”, if other requirements must be met.

All Proposed Manufactured Home Building Permits Require:

a. Copy of the Manufactured Home Title  
   or
b. Complete Section 18 on the Building Permit Informational Form

* 24 Hour Notification, must be given prior to any required inspections *  
*Normal Processing time for a permit is 24 to 48 hours *  
*No permit will be issued after 4:00PM*
Floyd County Department of Inspections
120 West Oxford Street PO Box 218 Floyd, VA 24091
Phone: 540-745-9359 Fax: 540-745-9305

PERMIT APPLICATION

1. Applicant

Name: ___________________________ Phone: ___________________________
Company: ___________________________ Cell: ___________________________
Address: ___________________________ City: __________ State: ________ Zip: ________
Email Address: ___________________________

2. Owner (If different than above)

Name: ___________________________ Phone: ___________________________
Address: ___________________________
City: __________ State: ________ Zip: ________
Email Address: ___________________________

3. Address of Property

(E911 Address will not be issued until a footing inspection is complete)
Address: ___________________________ Tax Map# __________
(Road driveway comes off of) ___________________________
City: __________ State: ________ Zip: ________
Magisterial District: ___________________________
Subdivision & Lot # (If Applicable): ___________________________
Directions: ___________________________

4. Proposed Work

☐ New Dwelling ☐ New Dwelling-Modular ☐ Addition/Renovation
☐ Garage/Carport ☐ Singlewide ☐ Doublewide ☐ Triplewide
☐ Other (Please Describe): ___________________________

Type of Permits Needed: ☐ Building ☐ Electrical ☐ Plumbing ☐ Mechanical
### BUILDING PERMIT INFORMATION

#### Building Contractor Information
If you put “SELF” you have to sign an affidavit form (See Page 9 & 10 in this packet) that you take responsibilities of the job, the form will be in our office.

**Business Name:**______________________________________________________________

**Contractor’s Name:** _______________________

**Telephone Number:** _________________________

**Contractor License Number:** _________________________  **Expiration Date:** _________________________

**Contractor’s Address:**

**Contractor’s Email Address:** _______________________________________________________________________________________

If this permit is for a “Manufactured Home”, only fill out sections 4, 16, 17, & 18

<table>
<thead>
<tr>
<th>1. Footings</th>
<th>2. Foundation Wall</th>
<th>3. Wall Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Concrete</td>
<td>☐ Concrete</td>
<td>☐ 8 inch</td>
</tr>
<tr>
<td>☐ Block</td>
<td>☐ Block</td>
<td>☐ 10 inch</td>
</tr>
<tr>
<td>☐ Other ________</td>
<td>☐ Other ________</td>
<td>☐ 12 inch</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Dimensions</th>
<th>5. # of Floors Above Grade</th>
<th>6. Wall Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Use Outside Dimensions of structure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st floor: _________</td>
<td>1 floor</td>
<td>☐ 2x4</td>
</tr>
<tr>
<td>2nd floor: _________</td>
<td>1 ½ floors</td>
<td>☐ 2x6</td>
</tr>
<tr>
<td>Porches/Decks: _________</td>
<td>2 floors</td>
<td>☐ Log</td>
</tr>
<tr>
<td>Basement: _________</td>
<td>☐ Other ________</td>
<td>☐ Other ________</td>
</tr>
<tr>
<td>Carport: _________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage: _________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Attached ☐ Detached</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd floor of Garage: _________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Joist</td>
<td>☐ Carpet</td>
<td>☐ Rafters</td>
</tr>
<tr>
<td>☐ Trusses</td>
<td>☐ Tile</td>
<td>☐ Trusses</td>
</tr>
<tr>
<td>☐ Wood</td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Roof Covering</th>
<th>11. # of Rooms</th>
<th>10. Inside Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Metal</td>
<td>Total # of Rooms_________</td>
<td>☐ Log</td>
</tr>
<tr>
<td>☐ Shingles</td>
<td>(Include unfinished and basement)</td>
<td>☐ Sheet Rock</td>
</tr>
<tr>
<td>☐ Other ________</td>
<td>(Do not include Bathrooms)</td>
<td>☐ Other ________</td>
</tr>
<tr>
<td></td>
<td>Total # of Bedrooms _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total # of Bathrooms ______</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Heat Pump</td>
<td>Fireplaces: ____________</td>
<td>☐ Log</td>
</tr>
<tr>
<td>☐ Gas</td>
<td>Chimneys: ____________</td>
<td>☐ Brick</td>
</tr>
<tr>
<td>☐ Wood</td>
<td></td>
<td>☐ Cedar</td>
</tr>
<tr>
<td>☐ Other ________</td>
<td></td>
<td>☐ Vinyl</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Other ________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$_______________________</td>
<td>(Count septic/well area, driveway, House site, etc.)</td>
<td>Address:______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Manufactured Home Info. (Fill out this section or provide a copy of the title)

Owner name on title: _______________________

Previous Owner(s) name on title: _______________________

Name of Manufacture Unit: _______________________

Date of Manufacture Month/Date/Year: __________

VIN #: _______________________

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2
ELECTRIC PERMIT INFORMATION

Electrical Contractor Information
If you put “SELF” you have to sign an affidavit form (See Page 9 & 10 in this packet) that you take responsibilities of the job, the form will be in our office.

Business Name: ________________________________
Contractor’s Name: ____________________________ Telephone Number: __________________
Contractor License Number: _____________________ Expiration Date: ____________
Contractor’s Address: ____________________________
Contractor’s Email Address: ______________________

Complete Only One Section (A, B, C or D)

(A) New Service:
Permanent Service: ☐ 200 amp ☐ 300 amp ☐ 400 amp ☐ 2--200 amps
☐ Other: __________
☐ Single Phase ☐ 3 Phase
Temporary Service: ☐ 100 amp ☐ Other: __________

AEP Work Order Number (Temporary Power) 9 digit #: ____________________________
AEP Work Order Number (Permanent Power) 9 digit #: ____________________________
(We will need these numbers before we can fax AEP your service connection request)

(B) Running Additional Wiring: (AEP is not involved)
What is the existing electric service? : ☐ 200 amp ☐ 300 amp ☐ 400 amp
☐ 2--200 amps ☐ Other: __________

(C) Upgrading Existing Service:
☐ 60 amp to 100 amp
☐ 100 amp to 200 amp
☐ 200 amp to 400 amp
☐ Other: __________

AEP Work Order Number (Disconnect) 9 digit #: ____________________________
(Reconnect) 9 digit #: ____________________________

(D) Alternative Service:
☐ Solar
☐ Photovoltaic
☐ Other: ____________________
Plumbing Contractor Information

If you put “SELF”, you must sign an affidavit form (See Page 9 & 10 in this packet) in which states that you take responsibilities of the job, the form will be in our office.

Business Name: _______________________________

Contractor’s Name: ___________________ Telephone Number: ___________________

Contractor License Number: ___________________ Expiration Date: ____________

Contractor’s Address: ____________________________

Contractor’s Email Address: __________________________

Provide the number of fixtures for each of the following:

Make sure you also count the fixtures that are to be placed in the basement and or attached/detached garage area, (finished or unfinished).

Kitchen sink: ________

Bathroom sink (his/her sink count as 1): ________

Commodes: ________

Number of shower stalls (without tub): ________

Water heater: ________

Town Water Connect ______

Floor drains in basement and or garage: ________

Bathtubs: ________

Hot tub/Jacuzzi ________

Urinal: ________

Laundry sink: ________

Washer: ________

Town Sewer Connect ______

Other: ________

MECHANICAL PERMIT INFORMATION

Mechanical Contractor Information

If you put “SELF” you have to sign an affidavit form (See Page 9 & 10 in this packet) that you take responsibilities of the job, the form will be in our office.

Business Name: _______________________________

Contractor’s Name: ___________________ Telephone Number: ___________________

Contractor License Number: ___________________ Expiration Date: ____________

Contractor’s Address: ____________________________

Contractor’s Email Address: __________________________
Erosion and Sediment Control Agreement
Agreement in Lieu of an Erosion and Sediment control plan for single family dwelling. Please initial beside the appropriate land disturbance selection, for each individual build uniquely differs from another when it comes to land disturbance.

______ All disturbed property will be less than 10,000 sq. ft.  
(Total Land Disturbance Shall Include House-Site, Drive, and Septic)  
______ All disturbed property will be greater than 10,000 sq. ft.

As a minimum, all disturbed areas that will remain dormant (Ungraded) for more than thirty (30) days, shall be temporarily mulched and seeded with (Rye, Oats, Fescue, etc.)

Permanent seeding shall be applied within seven (7) days after final grade.

Please follow proper Erosion & Sediment Control procedures per Floyd County Erosion and Sediment Control Ordinance, in order to prevent erosion and sediment from running off/of your property and onto your neighbors’ property, which consequently could lead to complaints being forwarded to the County office.

Failure to comply with such requirements within seven (7) weekdays following notice by the Floyd County Erosion and Sediment Control Inspector, could result in citation for the violation of the Floyd County Erosion and Sediment Control Ordinance.

Signature of Landowner: ____________________________ Date: _________________

Signature and Title of Responsible Party “If Not Landowner”:
______________________________________________________________ Date: _________________

Certified Responsible Land Disturber Certificate Number “If Applicable”: ____________________________
Application for Parcel Approval prior to Issuance of Building Permit

Part 1

To confirm that the subject parcel conforms to the Floyd County Subdivision Ordinance (Section 3-1-1g and h), anyone seeking a Building Permit must show one of the following (please place a check in the appropriate circle):

- An approved Plat of Survey (NOT A LOTLINE REVISION) or Subdivision Plat (copies of those recorded may be obtained at the Courthouse);

--OR--

- That the parcel was created legally prior to October 22, 2002 (show copy of recorded deed).

Please attach the appropriate document and complete Part 2 below.

Part 2

Owner’s Statement

As owner or authorized agent of the owner, I certify that the information reported above is true and accurate. By my signature I accept legal responsibility for this affirmation and understand that penalties may be imposed if the statement is incorrect.

________________________________________
Owner or Authorized Agent

__________________________
Date

STATE OF ________________________________
COUNTY/CITY OF __________________________, to wit.
I, ________________________________, a Notary Public of and for the State and County, does hereby state that __________________________ did appear before me this ______ day of ______________, 20___, and acknowledge the foregoing document by executing the same.

________________________________________
Notary Public

My Commission Expires: ____________________.
HOW TO APPLY FOR NEW RESIDENTIAL ELECTRIC SERVICE

1. Apply for building permit.
2. Call AEP “CALL CENTER” at 1-800-956-4237 and give the following information. (Call Center is open 24 hours/day, 365 days/year).
   - Service name, street name, lot number. *MAKE SURE THIS NAME AND ADDRESS ARE THE SAME AS ON THE BUILDING/ELECTRICAL PERMIT*
   - Phone number (pager, cell phone if applicable) for home and work.
   - Location of service site (landmarks, streets, roads, etc.) for AEP personnel to find site.
   - Do you want this service overhead or underground? In most cases there is no charge for an overhead service to a residence with an occupancy permit from the county building inspector. There is almost always a charge for underground service. An underground agreement would have to be signed and payment received before a work order is issued.
   - Is this a temporary service? Temporary service is not always readily available. If this is a temporary service, you will need to make another application for permanent service. This can be done at the same time as the temporary application.
   - What has to be done to serve you? Do you know how close you are to an existing power line? Will AEP need to cross other properties to get to yours? When extending power line, AEP is required to secure a right-of-way easement from every property owner involved.
   - When will you need service? Sufficient advance notice needs to be given to meet a realistic service date. Design on your service will begin shortly after your application is received, however, Virginia state law requires that prior to electrical service being installed, we must receive an approved electrical inspection from the town/county inspector before final connections can be made.
   - Write down the AEP order number(s) from the call center for future reference.

***AEP does not need a 911 address to set your application up for new service. If they say that you have to have an address he/she is not correct. Any problems at all when you call please get their full name and their extension number, (yes, they do have an extension number) and call our office at 540-745-9359 or have them to call and we will be glad to get things straight with them.***