



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



Official Use Only
Permit # _____
E&S Sheet: _____ Health Dept Info: _____
Deed/Plat Info: _____ Title of MH: _____
MLA "Mechanics' Lien Agent" Info; Specify on _____
Building Permit Informational Form or Enter N/A

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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)

_____, _____ Magisterial District: _____
 City State Zip

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

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

<p style="text-align: center;"><u>1. Footings</u></p> <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>2. Foundation Wall</u></p> <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>3. Wall Size</u></p> <input type="checkbox"/> 8 inch <input type="checkbox"/> 10 inch <input type="checkbox"/> 12 inch
<p style="text-align: center;"><u>4. Dimensions</u> (Use Outside Dimensions of structure)</p> 1 st floor: _____ 2 nd floor: _____ Porches/Decks: _____ Basement: _____ Carport: _____ Garage: _____ <input type="checkbox"/> Attached <input type="checkbox"/> Detached 2 nd floor of Garage: _____	<p style="text-align: center;"><u>5. # of Floors Above Grade</u></p> <input type="checkbox"/> 1 floor <input type="checkbox"/> 1 ½ floors <input type="checkbox"/> 2 floors	<p style="text-align: center;"><u>6. Wall Construction</u></p> <input type="checkbox"/> 2x4 <input type="checkbox"/> 2x6 <input type="checkbox"/> Log <input type="checkbox"/> Other _____
<p style="text-align: center;"><u>7. Floor Construction</u></p> <input type="checkbox"/> Joist <input type="checkbox"/> Trusses	<p style="text-align: center;"><u>8. Floor Finish</u></p> <input type="checkbox"/> Carpet <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>9. Roof Construction</u></p> <input type="checkbox"/> Rafters <input type="checkbox"/> Trusses
<p style="text-align: center;"><u>10. Roof Covering</u></p> <input type="checkbox"/> Metal <input type="checkbox"/> Shingles <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>11. # of Rooms</u> (Include unfinished and basement)</p> Total # of Rooms _____ (Do not include Bathrooms) Total # of Bathrooms _____ Total # of Bedrooms _____	<p style="text-align: center;"><u>10. Inside Finish</u></p> <input type="checkbox"/> Log <input type="checkbox"/> Sheet Rock <input type="checkbox"/> Other _____
<p style="text-align: center;"><u>13. Type of Heat</u></p> <input type="checkbox"/> Heat Pump <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>14. Fireplaces/Chimneys</u> (# of each)</p> Fireplaces: _____ Chimneys: _____	<p style="text-align: center;"><u>15. Outside Finish</u></p> <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Cedar <input type="checkbox"/> Vinyl <input type="checkbox"/> Other _____
<p style="text-align: center;"><u>16. Estimated Cost of Work</u></p> \$ _____	<p style="text-align: center;"><u>17. Land Disturbed</u> (Count septic/well area, driveway, House site, etc.)</p> _____ Square feet	<p style="text-align: center;"><u>Mechanics' Lien Agent</u></p> _____ Address: _____ _____
<p style="text-align: center; color: red;">18. Manufactured Home Info. (Fill out this section or provide a copy of the title)</p> Owner name on title: _____ Previous Owner(s) name on title _____ Name of Manufacture Unit: _____ Date of Manufacture Month/Date/Year: _____ VIN # _____		

ELECTRIC PERMIT INFORMATION

Electrical Contractor Information

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 PERMIT INFORMATION

Plumbing Contractor Information

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: _____ **Bathtubs:** _____
Bathroom sink (his/her sink count as 1): _____ **Hot tub/Jacuzzi** _____
Commodes: _____ **Urinal:** _____
Number of shower stalls (without tub): _____ **Laundry sink:** _____
Water heater: _____ **Washer:** _____
Town Water Connect _____ **Town Sewer Connect** _____
Floor drains in basement and or garage: _____ **Other:** _____

MECHANICAL PERMIT INFORMATION

Mechanical Contractor Information

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": _____



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COUNTY OF FLOYD
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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: _____.

AEP – RESIDENTIAL ELECTRIC SERVICE GUIDE

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.