

DATE LOT RECORDED \_\_\_\_\_ CONFORMING YES NO  
 FLOOD ZONE ELEVATION \_\_\_\_\_ '+1' \_\_\_\_\_ TOTAL  
 STRUCTURE ZONE \_\_\_\_\_ CERTIFICATE ISSUED YES NO  
 COMMUNITY PANEL #510183 \_\_\_\_\_ FIRM DATE \_\_\_\_\_  
 LD PERMIT REQ'D YES NO ISSUED YES NO PAID YES NO  
 PROPERTY LOCATED IN RPA YES NO STRUCTURE YES NO  
 AB \_\_\_\_\_  
 \_\_\_\_\_  
 SITE PLAN NAME \_\_\_\_\_  
*Office Use Only*

APPLICATIONS NO. ZP- \_\_\_\_\_  
 DATE SUBMITTED \_\_\_\_/\_\_\_\_/\_\_\_\_ INITIAL \_\_\_\_\_  
 TAX MAP/PARCEL # \_\_\_\_\_  
 ZONING DISTRICT \_\_\_\_\_  
 COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
**APPROVED/DENIED BY ZONING ADMINSTRATOR**  
 \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date  
**Applicant may appeal this decision to the Board of Zoning Appeals  
 within 30 days. Failure to file such an appeal will render this decision  
 final.**  
*Office Use Only*

APPLICATION FOR ZONING/BUILDING PERMIT CITY OF POQUOSON, VIRGINIA

- I. \*Name of Applicant: (please print) \_\_\_\_\_  
 \*Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \*Phone Number: Home: \_\_\_\_\_ \*Business/Cell Phone \_\_\_\_\_
- II. \*Name of property owner(s): \_\_\_\_\_  
 \*Mailing Address: \_\_\_\_\_  
 \*Phone Number: Home: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_
- III. \*∞ E911 Street Address: Location of Property : \_\_\_\_\_  
AND/OR - Legal Description of property (Tax Map #) : \_\_\_\_\_
- III. \*Current use of the property (Circle one): **COMMERCIAL (COM)**- **SINGLE FAMILY DWELLING (SFD)** - **VACANT LOT**
- IV. \*Type of project applied for (Circle one/give description of proposed work): **COM JOB** - **NEW SFD** - **ADDITION** - **DECK** - **OTHER**:  
(Please describe) \_\_\_\_\_  
 \_\_\_\_\_
- V. \*Estimated cost upon completion: \$ \_\_\_\_\_ Total Square footage: \_\_\_\_\_
- VI. Attach plans drawn to scale showing the following:  
 -The dimensions and shape of parcel(s) to be built upon \_\_\_\_\_ -Any existing primary and accessory buildings.  
 -Proposed new structures, accessory buildings or alterations thereto showing the front, rear and side yard set back lines.  
*Note: Plans for principal buildings are required to bear the seal of a licensed architect, engineer, or surveyor.*
- VII. \*Contractor (If self contracting – put "Owner"):  
 Mailing Address: \_\_\_\_\_  
 Phone Number: Office: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 State License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Required Poquoson Business License: yes or no. If yes, please list #. \_\_\_\_\_
- VIII. \*Mechanic's Lien Agent designated? (circle one) **Yes / No** --If yes, Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: Contractor/Owner is responsible for calling Ms. Utility 48 Hours before any digging – 1-800-552-7001!**

I hereby certify the foregoing information and attachments are true and accurate to the best of my knowledge.

\_\_\_\_\_  
 \*Applicants Signature Date

**\* REQUIRED**

∞ **PLEASE COMPLETE BACK OF APPLICATION IF APPLICABLE**

\* \* \* \* \*

PLEASE RETURN TO: City of Poquoson Building Department  
 500 City Hall Avenue  
 Poquoson, VA 23662  
 Telephone: Building/Inspections: (757) 868-3035 Zoning: (757) 868-3040  
 Building Permit Fees will be calculated at time of issuance

**To be signed only if the property is located in a flood zone:**

Federal law requires that a flood insurance policy be obtained as a condition of a federally backed mortgage or a loan that is secured by the building. Flood insurance is available in the City of Poquoson. A determination of the building's exact location cannot be made on the Flood Insurance Rate Map (FIRM) for the City. A copy of the FIRM is available for public viewing in the Planning/Building Dept.

NOTE: This letter does not imply that the reference property will or will not be free from flooding or damage. A property not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FIRM or from a local drainage problem not shown on the map. This letter does not create liability on the part of the City, or any officer or employee thereof, for any damage that results from reliance on the determination.

\_\_\_\_\_  
Landowner/Applicants Signature

If the property (referenced on line III.) is in a flood zone, I understand that it is my responsibility to have an Elevation Certificate issued to me (completed and signed by a certified engineer or certified land surveyor) and returned to the Building Department **prior** to the Floor Joist Inspection (or after the slab/foundation inspection of a garage, but prior to any rough-in or framing inspections). A Completed Construction Elevation Certificate showing approved elevation and flood vents will also be submitted **before** any final building inspection to close the permit and/or for the issuance of any Certificate of Occupancy.

\_\_\_\_\_  
Applicants Signature

\* \* \* \* \*

Plans Review Process:

Reviewed: \_\_\_\_\_ Approved: \_\_\_\_\_

(If not Approved, please list why in Comments Section as well as notifying the appropriate parties.)

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date

Comments or any Special Conditions on Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_