



**County of Rockbridge**  
**BUILDING DEPARTMENT**  
**150 South Main Street - 2nd floor**  
**Lexington, Virginia 24450**

<b>ERICH SCHNETZLER</b>	<b>BUILDING OFFICIAL</b>
<b>KENNY WILSON</b>	<b>BUILDING INSPECTOR</b>
<b>JASON SNIDER</b>	<b>BUILDING TECH</b>
<b>JOANNE MOORE</b>	<b>SECRETARY</b>

**IF YOU HAVE CODE QUESTIONS**  
**INSPECTORS ARE IN THE OFFICE DAILY FROM 8:30 AM TO 9:30 AM,**  
**REGULAR OFFICE HOURS: 8:30 AM - 5:00 PM MONDAY - FRIDAY**

**Rockbridge County Building Department is responsible for ensuring public health, safety, and welfare associated with the design, construction, and utilization of public and private and commercial buildings. County inspectors inspect for compliance with the Virginia Uniform Statewide Building Code and the 2006 International Building Code.**

**Permits must be obtained to construct, enlarge, alter, repair, convert, or demolish any building in Rockbridge County. Permits are also required for installation or changes to electrical, plumbing, or mechanical systems. Applications for all permits are filed in the Building Department Office and all applications must be approved and fees paid before work can begin. Work must be started within six months and continue over each six month period until work is complete to keep the permit valid.**

## Before You Start to Build

\_\_\_\_\_ Obtain an application packet for a new residential or commercial project, contact Rockbridge County Building Department, 150 South Main Street, 2nd floor, Lexington, VA, 540 463 9361, or on line: [www.co.rockbridge.va.us](http://www.co.rockbridge.va.us). The application packet must be completed in full, including: general contractors, subs license information, and signatures of each contractor, if applicable. The building permit includes electrical, plumbing, mechanical, and gas piping.

\_\_\_\_\_ A contractor may be liable for a business license in Rockbridge County, so please check with the Commissioner of Revenue office, 150 South Main Street, Lexington, VA 540 463 3431, regarding this requirement

\_\_\_\_\_ If owner is acting as “Self” contractor the “OWNER’S AFFIDAVIT” must be signed.

**Note:** If the owner is **NOT** doing his own building, plumbing, electrical, or mechanical, etc, the licensed person performing the work must assume responsibility for the work and complete the information on application. (Must be the actual license holder).

\_\_\_\_\_ Residential projects that are disturbing **UNDER 10,000 square feet** must complete the Agreement in Lieu of an Official Erosion and Sediment Control Plan (Land Disturbance Permit), which is included in the building application packet and must be completed in full.

\_\_\_\_\_ If the project area **EXCEEDS 10,000 square feet**, contact Jeremy Garrett, E&S Administrator, 150 South Main Street, 2nd floor, Lexington, VA 540 463 9361, obtain a separate permit application for an Official Erosion and Sediment Control Plan (Land Disturbance).

\_\_\_\_\_ If applicable, obtain a highway entrance permit for new dwellings from VDOT, 540 463 3108. A copy of this permit must be provided when the building permit is applied for.

\_\_\_\_\_ If applicable, soil test report and engineer’s recommendation may be requested.. (See expansive soil policy)

\_\_\_\_\_ Obtain a septic tank construction permit and/or well permit, if needed at the Rockbridge Health Department office located at 300 White Street, Lexington, VA 540 463 3185. A copy of the permit must be included in your packet.

\_\_\_\_\_ If the site has public utilities, an employee at the Rockbridge County Public Service office located at 150 South Main Street, Lexington, VA (540 463 4329, must sign off on the building permit application, confirming that utilities are available.

\_\_\_\_\_ Call or stop by the Zoning Department office located at 150 South Main Street, 2nd floor, Lexington, VA 540 463 9662, and check the type of zoning, use, set-backs, and flood zone information. The Planning and Zoning Department must sign off on the building permit application before submitting. Also, a signed, surveyed plat/site plan approved by Sam Crickenberger, Zoning Administrator, showing the locations of the new structure relative to the property boundary lines, any existing buildings, roads, and utilities must be provided.

\_\_\_\_\_ Check with your lending institution or attorney to see if a mechanics lien agent needs to be designated.

\_\_\_\_\_ Two (2) complete sets of plans for the project to include, but, not limited to: foundation, floor system, framing details, typical cross section and material lists. Indicate if you will be using manufactured roof trusses or rafters. Also, floor trusses or manufactured joist plans.

\_\_\_\_\_ Allow two weeks for residential plan approval. Commercial plan review may take up to thirty (30) days depending on number of applications submitted. After all approvals have been received, the plans are processed. You may then come by the Building Department pay for the permit and pick up your plans, and you may begin to build.



# PERMIT APPLICATION

COUNTY OF ROCKBRIDGE  
BUILDING DEPARTMENT  
(540) 463 9361

OWNERS NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

CELL#(\_\_\_\_) \_\_\_\_\_

SPECIFIC DIRECTIONS FROM LEXINGTON TO THE SITE (PLEASE USE ROAD NAMES): \_\_\_\_\_

LIEN AGENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE #:(\_\_\_\_) \_\_\_\_\_

<p><b>CATEGORY OF CONSTRUCTION</b></p> <p>COMMERCIAL describe: _____ RESIDENTIAL describe: _____ STICK BUILT OR MODULAR ELECTRIC describe: _____ ADDITION describe: _____ RENOVATION described: _____</p> <p><b>MANUFACTURED HOME: (circle)</b> DOUBLE WIDE SINGLE-WIDE YEAR BUILT: _____ DIMENSIONS: _____ X _____ MANUFACTURER' NAME: _____</p> <p>SIGN: NEW OTHER: _____ DEMO: COMM OR RESD.</p> <p>INSTALL FIRE SUPPRESSION SYSTEM _____</p> <p>TOTAL ACRES: _____ TAX MAP #: _____</p> <p>NAME OF SUB-DIVISION: _____ LOT #: _____</p> <p>WATER: PUBLIC SEWAGE: PUBLIC PSA APPROVAL: _____ PRIVATE WELL PRIVATE SEPTIC PERMIT NUMBER FOR SEPTIC &amp; WELL: 181- _____</p> <p>ELECTRIC COMPANY: BARC DVP OTHER _____</p>	<p><b>SQUARE FEET:</b> 1<sup>st</sup> Flr _____ 2<sup>nd</sup> Flr _____ 3<sup>rd</sup> Flr _____ TOTAL ROOMS: _____ BEDRMS: _____ BATHRMS: _____</p> <p><b>FOUNDATION TYPE (circle one)</b> SLAB CRAWL PIERS</p> <p><b>BASEMENT (circle type)</b> FULL HALF FINISHED UNFINISHED</p> <p><b>GARAGE (circle one)</b> ATTACHED DETACHED SQUARE FEET OF GARAGE _____</p> <p><b>TYPE OF HEAT (circle one)</b> GAS - HP ELECTRIC-HP OIL HOT WATER OTHER _____</p> <p><b>NUMBER OF FIREPLACES:</b> _____ Gas Electric Wood</p> <p>OTHER: _____</p> <p><b>EXTERIOR WALLS (circle one)</b> STUCCO HARDI-PLANK VINYL BRICK METAL LOG OTHER _____</p> <p><b>TYPE OF ROOF (circle one)</b> SHINGLE METAL COPPER OTHER _____</p>	<p>TYPE OF ZONING: _____ SET-BACKS: FRT: _____ RIGHT SIDE: _____ LEFT SIDE: _____ REAR: _____ FLOOD ZONE: YES NO IF YES, EXPLAIN: APPROVED BY: _____</p> <p><b>BUILDING CONSTRUCTION COST INCLUDING LABOR &amp; ALL TRADES:</b> \$ _____</p> <p><b>CIRCLE ANY TRADES BEING USED:</b> ELECTRIC PLUMBING HVAC (HEATING SYSTEM) GAS PIPING</p> <p>FIRE SUPPRESSION \$ _____</p> <p><b>OFFICE USE:</b></p> <p>DATE SUBMITTED: _____</p> <p>PLANS APPROVED BY BLD DEPT: _____ PLAN REVIEWER</p> <p>DATE: _____</p>
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APPLICANT'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE #:(\_\_\_\_) \_\_\_\_\_ CELL #: (\_\_\_\_) \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PLANS FOR THE PROJECT TO INCLUDE, BUT, NOT LIMITED TO: FOUNDATION, FLOORS, FRAMING, ROOF SYSTEM, ELECTRICAL, PLUMBING, HVAC, TYPICAL CROSS SECTION, MATERIAL LIST & SPRINKLER SYSTEM, IF APPLICABLE; PROVIDE NAME, ADDRESS, CONTACT PERSON, PHONE & FAX # OF DESIGN FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ PLAN REVIEW WILL BE DONE IN A TIMELY MANNER IN ORDER RECEIVED. PLAN REVIEW MAY TAKE UP TO 30 DAYS DEPENDING ON NUMBER OF APPLICATIONS SUBMITTED.



**7. ELECTRICAL CONTRACTOR:** \_\_\_\_\_

(Phone #) (Cell #)

(Mailing address) (City) (State) ( Zip)

(State license #) (Class) (Expiration date)

**Signature of Electrician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**8. PLUMBING CONTRACTOR :** \_\_\_\_\_

(Phone #) (Cell #)

(Mailing address) (City) (State) ( Zip)

(State license #) (Class) (Expiration date)

**Signature of Plumber:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**9. MECHANICAL/HVAC CONTRACTOR :** \_\_\_\_\_

(Phone #) (Cell #)

(Mailing address) (City) (State) ( Zip)

(State license #) (Class) (Expiration date)

**Signature of Hvac/Mech Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**10. GAS FITTER:** \_\_\_\_\_

(Phone #) (Cell #)

(Mailing address) (City) (State) ( Zip)

(State license #) (Class) (Expiration date)

**Signature of Gas Fitter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**11. INTERIOR TRIM WORK CONTRACTOR:** \_\_\_\_\_

(Phone #) (Cell #)

(Mailing address) (City) (State) ( Zip)

(State license #) (Class) (Expiration date)

**Signature of Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**12. DRYWALL CONTRACTOR :** \_\_\_\_\_

(Phone #) (Cell #)

(Mailing address) (City) (State) ( Zip)

(State license #) (Class) (Expiration date)

**Signature of Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**13. PAINTING CONTRACTOR :** \_\_\_\_\_

(Phone #) (Cell #)

\_\_\_\_\_  
(Mailing address) (City) (State) ( Zip)

\_\_\_\_\_  
(State license #) (Class) (Expiration date)

**Signature of Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**14. ROOFING CONTRACTOR :** \_\_\_\_\_

(Phone #) (Cell #)

\_\_\_\_\_  
(Mailing address) (City) (State) ( Zip)

\_\_\_\_\_  
(State license #) (Class) (Expiration date)

**Signature of Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**15. LANDSCAPE CONTRACTOR :** \_\_\_\_\_

(Phone #) (Cell #)

\_\_\_\_\_  
(Mailing address) (City) (State) ( Zip)

\_\_\_\_\_  
(State license #) (Class) (Expiration date)

**Signature of Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, **OWNER, CONTRACTOR, AUTHORIZED AGENT,**  
do hereby certify and acknowledged that **(I),(We)** do understand that any changes to the above register shall be reported to the Building Official within two (5) working days of said change. Any acts prohibited by *Section 54.1-1115* of the *Code of Virginia* shall constitute the commission of a Class I Misdemeanor.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# OWNER AFFIDAVIT

<b>APPLICANT</b>	APPLICANT NAME (PLEASE PRINT):		
	REPRESENTING (NAME OF COMPANY):		
	APPLICANT SIGNATURE:	DATE:	
<b>OWNER AFFIDAVIT</b>	<p><b>Complete this section only if you are an OWNER doing you own work, and are not subject to licensure as a contractor or subcontractor.</b></p> <p><b>If you are an owner and intend to do the work or subcontract the work out, an Owner Affidavit is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing the Owner Affidavit, and in turn obtaining the permit in your name makes you, as the owner, responsible for the quality of the work and compliance with applicable State and Local Codes. This "Owner Affidavit" must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with <i>Section 54.1-1111</i> of the Code of Virginia. (Note: Lessees are owners per State law).</b></p> <p><b>§ 54.1-111. Prerequisites to obtaining building, etc., permit. Any person applying to the building inspector or any other authority of a city, county or town in this Commonwealth, charged with the duty of issuing sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such inspector or authority that he is duly licensed or registered under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement, supported by an affidavit, that he is not subject to licensure or registration as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license required by any city county 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. It shall be unlawful for the building inspector or other authority to issue or allow the issuance of such permits unless the applicant has furnished evidence of being either exempt from the provisions of this chapter or licensed or registered under this chapter to carry out or superintend the work for which such permits have been applied.</b></p> <p><b>The building inspector, or other such authority, violating the terms of this Section shall be guilty of a Class 3 misdemeanor. (Code 1950, § 54-138; 1970, c. 319, 1980, c. 634; 1988, c. 765.)</b>  <i>Cross reference. - As to punishment for Class B misdemeanors, sec § 18.2-11.</i></p>		
	<p>I, as the owner, will be responsible for the work performed on my property, and shall be for compliance with all State law regulating building construction and use, and compliance with all Rockbridge County Ordinances.</p>		
OWNER'S SIGNATURE:		DATE:	PLEASE PRINT OWNER NAME LEGIBLY:
<p>I, as a witness, saw the owner of this property affix his signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the State of Virginia. Must be signed in the presence of an employee of the County of Rockbridge.</p>			
WITNESS' SIGNATURE:		DATE:	PLEASE PRINT WITNESS' NAME LEGIBLY: