

# County of Shenandoah



DEPARTMENT OF BUILDING INSPECTIONS  
Shenandoah County Government Center  
600 N. Main Street, Suite 107  
Woodstock, VA 22664  
540-459-6185

## **RESIDENTIAL POOL APPLICATION PACKET**



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BUILDING DEPARTMENT  
600 N. Main Street, Ste 107  
WOODSTOCK, VA 22664  
[www.shenandoahcountyva.us](http://www.shenandoahcountyva.us)

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## CONTENTS OF PACKET & DESCRIPTION OF EACH FORM

**Page 1: Virginia Department of Health (VDH) Request.** The Building Department is required by State Law to engage VDH on all additions or alterations that may affect existing sanitary facilities and water supplies. Along with this form, a site plan showing the location of the house and the addition, existing septic tank, drain-field area, water supply, and the estimated distances between the components and proposed addition. This form, and site plan, is to be signed by the Building Department. The form and site plan is then to be submitted, by you the applicant, to VDH

**Page 2: Universal Application for Permits.** This document is required to be completed for any permit application. Check each box that pertains to what you are specifically applying for. For the installation of the pool, check “building”. If you are also applying for the electrical work, check “electric”. Be sure that you fill this application out completely.

**Page 3: Site Plan for Zoning Permit.** If the pool is being constructed outside of any township, this zoning form is to be completed. Fill out this application completely and also draw where the pool is to be located on the property and show the dimensions from the property lines. It is also helpful to show the dwelling or other structures and show the dimensions of how far away the pool is from each. If you are within the town limits of any township, zoning approval from that town is required and to be submitted with your permit application.

**Page 4: Owners Affidavit.** This document is required to be filled out if you, the owner of the property, are conducting any portion of the installation of the pool yourself. If you are hiring a licensed contractor to perform all work, this form is not to be completed.

**Page 5 & 6: Contractor List Form/Permit Authorization Affidavit.** Complete the Contractor List Form to show who will be performing the work. The Affidavit to be completed if the permit applicant is any person other than the licensed contractor performing the work. The contractor whom will be performing the work is required to complete this form. If the contractor is applying for the permits themselves, this form is not to be completed.

**Page 7: Pool Barrier Agreement.** This document is to be completed and submitted with your permit application. This form is to show the Plans Examiner which type of barrier requirements are being used to comply with the current building code. It is important to know up front which type of method of compliance best suites your project. The Building Official will be happy to conduct a pre-inspection of your property and walk you through each method.

\*\* If you are installing a deck around your above-ground pool, you will also need to provide a deck framing plan at the time of application. Please include the deck in your Site Plan for Zoning/VDH or included in your town zoning approval. \*\*



## Shenandoah County Building Inspection Request for Health Department Review

To Be Completed By Property Owner or Agent:

<b>Owner Name:</b> _____	_____ (Phone)	_____ (e-mail address)
<b>Mailing Address:</b> _____ (Street or PO Box)	_____ (City/Town)	_____ (State) _____ (Zip Code)
<b>Contractor/Agent:</b> _____	_____ (Phone)	_____ (e-mail address)
<b>Mailing Address:</b> _____ (Street or PO Box)	_____ (City/Town)	_____ (State) _____ (Zip Code)
<b>Property Physical Address:</b> _____		
<b>Tax Map #:</b> _____ <b>Current Number of Bedrooms:</b> _____ <b>Number of Bedrooms Added (if applicable):</b> _____		

### **PLEASE READ CAREFULLY:**

This report is only intended to address the above referenced request and does not address evaluation procedures for sewage systems being sold through real estate transfers, or systems and water supplies being re-used as part of a subdivision process. This document specifically addresses VDH's implementation of §32.1-165 of the *Code of Virginia* and is not to be used for any unauthorized use.

The property boundaries and building locations are clearly marked or identified at the property. I give permission to the Virginia Department of Health to enter the property described, if necessary, for the purpose of processing this application. An accurate sketch of the property, existing structures, wells, sewage disposal systems, and proposed structure(s) is attached.

**Owner or Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Shenandoah County Building and Code Enforcement Department hereby requests that the Virginia Department of Health evaluate the onsite sewage system and/or water supply on the property prior to the issuance of a building permit.

**Description of Proposed Work:** \_\_\_\_\_

**Related Building Permit #:** \_\_\_\_\_

**Building Inspections Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please take this completed form to Local Health Department (See reverse for Site Sketch & contact information)**

- Please attach any recent records of system maintenance (Pump-outs or Operation and Maintenance Reports).
- (To prevent potential damage to the system VDH recommends homeowners first contact Miss Utility for marking any underground utilities. The septic tank and distribution box should be carefully uncovered by hand.)

Please indicate proposed addition(s) in relation to existing structure. Also, please show location of **existing septic tank, drainfield area and water supply** and indicate actual or estimated distances between the proposed improvement and the closest septic system component(s). The footprint of proposed addition(s) must be staked or otherwise marked on the property. **Please note:** you may be required to uncover certain sewage components for evaluation.

**Site Sketch (may be attached)**



Shenandoah County Health Department  
494 North Main Street // Suite 100  
Woodstock, VA 22664  
540-459-3733



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DEPARTMENT OF COMMUNITY DEVELOPMENT  
 Shenandoah County Government Center  
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 (540) 459-6185

## APPLICATION FOR BUILDING PERMIT

PERMITS APPLIED FOR  Building  Electric  Plumbing  HVAC  Gas  
 Zoning  Alarm  Suppression  Demo  Other \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Jobsite: \_\_\_\_\_ Location In:  Town  County

Directions from County Office: \_\_\_\_\_

Purpose of Permit:  New Building  Addition  Alteration  Remodel  Other \_\_\_\_\_

Use of Proposed Structure or Building: \_\_\_\_\_

Size of Proposed Structure or Building (Includes Basement) (Square Feet): \_\_\_\_\_ Ridge Height of Purposed Structure of Building \_\_\_\_\_ Ft.

Description of Work: \_\_\_\_\_

Single Family Dwelling  Mobile Home  Modular  Townhouse  Commercial  Industrial  Multi-Family Dwelling

<u>Cost of Improvement</u>	<u>Type of Construction</u>	<u>Type of Sewage Disposal</u>	<u>Type of Foundation</u>
Building: \$ _____	_____	<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Crawlspace
Electric: \$ _____	_____	<input type="checkbox"/> Private Septic	<input type="checkbox"/> Unfinished Basement
Plumbing: \$ _____	Type of Heat/AC _____ _____	<u>Type of Water Supply</u>	<input type="checkbox"/> Finished Basement
Heat/AC: \$ _____		<input type="checkbox"/> Public Water	<input type="checkbox"/> Slab on Grade
Other: \$ _____		<input type="checkbox"/> Private Well	<input type="checkbox"/> Post to Footing
Total: \$ _____	_____	<input type="checkbox"/> Other _____	

# of Stories: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Full Baths: \_\_\_\_\_ # of Half Baths: \_\_\_\_\_ Garage:  Attached  Detached  None

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ VA Contractor License #: \_\_\_\_\_ VA Class:  A  B  C  County License

Mechanic's Lien Agent: \_\_\_\_\_  None Designated

I Certify the Above Information is True and Correct to the best of my knowledge:

Owner Lessee  Contractor  Agent  Architect/Engineer

Applicant Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_



Shenandoah County  
 Office of Community Development  
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**Site Plan for Zoning Permit - Minor**

**APPLICANT / OWNER**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Daytime Telephone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**PROPERTY**

Address / Location \_\_\_\_\_  
 Tax Map # \_\_\_\_\_ Parcel size \_\_\_\_\_ ac \ sf  
 Proposed Setbacks: Front \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_ Rear \_\_\_\_\_

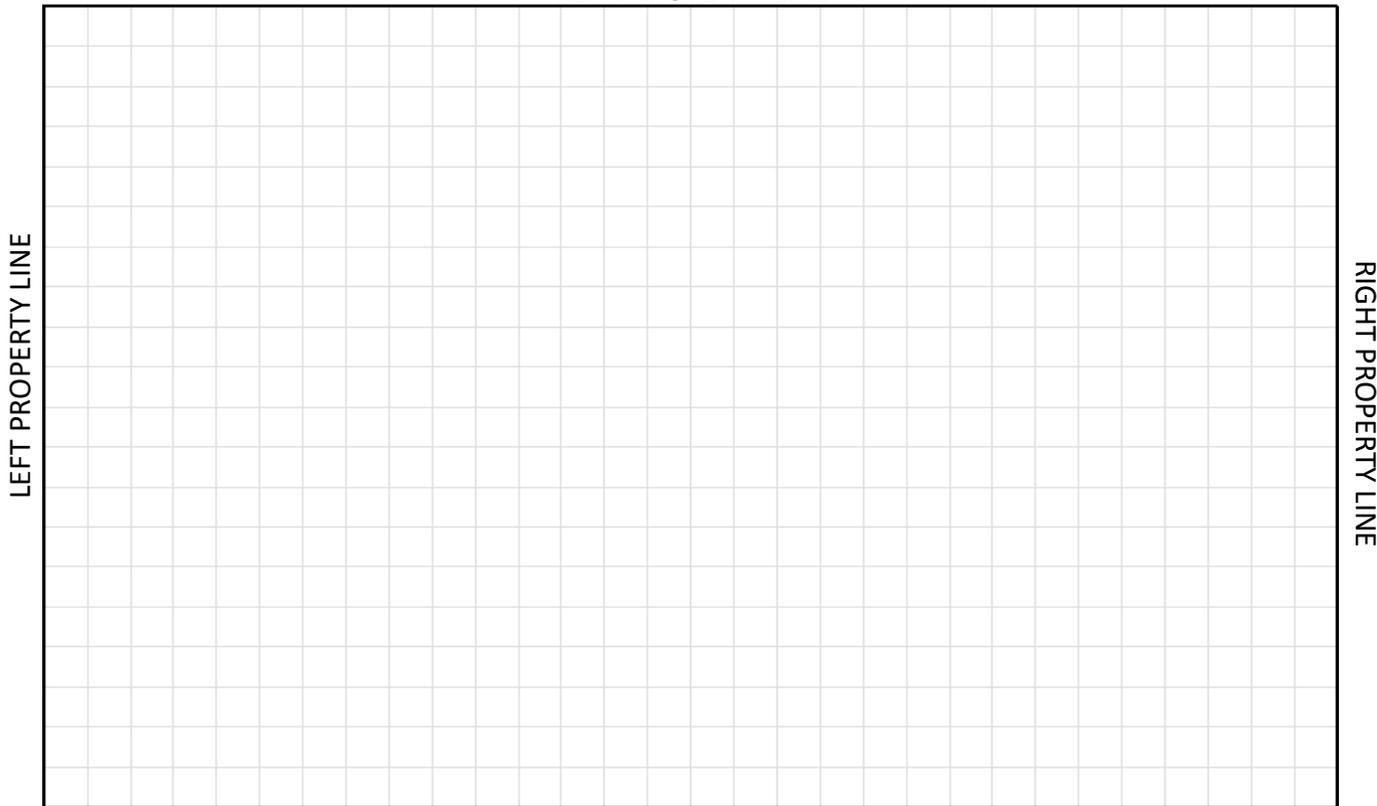
**Proposed Structure**

Height: \_\_\_\_\_ Size: \_\_\_\_\_ Located in Floodplain: Y / N

**SITE PLAN INSTRUCTIONS**

The site plan must show: the proposed structure(s); all existing structures; all roads and waterways; and the distance from the proposed structures to all property lines. **Be as accurate as possible.**

REAR PROPERTY LINE



FRONT PROPERTY LINE

*I certify the above information provided is correct and true.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Permit # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Floodplain? Y \ N Firm Panel# \_\_\_\_\_ Zoning \_\_\_\_\_



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## OWNER'S AFFIDAVIT

I, \_\_\_\_\_ of (address) \_\_\_\_\_  
\_\_\_\_\_ affirm that I am the legal owner of a certain tract or parcel of the  
land located at: \_\_\_\_\_.

I understand that I am applying for a building permit as owner of the above referenced property and I am acting as my own contractor. I further understand that if I hire or enter into a contractual agreement with any person(s) on this project, they must be licensed with Shenandoah County and the Commonwealth of Virginia. If I decided to use a licensed contractor, I will notify the Shenandoah County Community Development office prior to the contractor starting any work.

\_\_\_\_\_  
Owner's signature

SIGNED AND ACKNOWLEDGED IN SHENANDOAH COUNTY, VIRGINIA ON THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, IN THE PRESENCE OF THE UNDERSIGNED WITNESS.

\_\_\_\_\_  
Witness' signature

**Please note that if you are not the owner of the property, owner must sign and give written permission to perform work, prior to the issuance of any permit.**



DEPARTMENT OF COMMUNITY DEVELOPMENT  
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CONTRACTOR LISTING FORM

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with §81-1 License Required of the Code of Shenandoah County, I understand the person, firm, or corporation, providing the following services must be licensed. **A Permit Authorization Affidavit must be filled out by the person performing the Plumbing, Electric, Heating & A/C, Gas Service and Foundation work.** Please indicate who will be doing the following:

GENERAL CONTRACTING: \_\_\_\_\_

EXCAVATION/GRADING: \_\_\_\_\_

FOUNDATION WORK: \_\_\_\_\_

FRAMING: \_\_\_\_\_

ELECTRIC: \_\_\_\_\_

PLUMBING: \_\_\_\_\_

HEATING & A/C: \_\_\_\_\_

GAS SERVICE: \_\_\_\_\_

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. I AM AUTHORIZED BY THE CONTRACTORS LISTED ABOVE TO MAKE APPLICATION FOR THIS PROJECT.

Signature (Owner or Agent): \_\_\_\_\_

Date: \_\_\_\_\_



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## PERMIT AUTHORIZATION AFFIDAVIT

**§ 54.1-1111. Prerequisites to obtaining business license; building, etc., permit.**

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 his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

I, \_\_\_\_\_ do hereby authorize the following person, \_\_\_\_\_ the right to act as my agent to obtain a(n) \_\_\_\_\_ permit in my absence and that I will be performing the work associated with the above permit located at \_\_\_\_\_, Virginia.

**\*Any misrepresentation of submitted data may result in legal prosecution.**

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (printed name)

\_\_\_\_\_ (DPOR license number)



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## POOL BARRIER AGREEMENT

All outdoor private swimming pools, including in-ground, above-ground, on-ground, hot tub, and spas are required to have safety devices installed in order to comply with Section 305.1.

305.1: The provisions of this section shall apply to the design of barriers for aquatic vessels. These design controls are intended to provide protection against the potential drowning and near drowning by restricting access to such vessels. These requirements provide an integrated level of protection against potential drowning through the use of physical barriers and warning devices. Also permitted in lieu of physical barriers and warning devices would be the installation of a lockable safety cover or powered safety cover that complies with ASTM F 1346.

Please check each box beside each of the following barrier and warning devices are planned to be installed to comply with Section 305.1 as stated above:

- Pool sides that are 48" tall, measured above grade, with a removable or lockable ladder.
- Deck or other approved platform around the pool.
- A 48" tall gate that is self-latching, self-closing. This gate also is equipped with a locking device.
- 48" tall fence with no openings greater than 4".
- The house or other structure used as or portion of the barrier. (Audible alarms shall be installed on each door or window that can gain access to the pool area.)
- A Lockable Safety Cover complying with ASTM F 1346.
- A Powered Safety Cover complying with ASTM F 1346.

All pool safety devices MUST be approved by the Department of Building Inspection of Shenandoah County and all pools require a final inspection prior to use. If your pool is being used for a season and being taken down to store, when the pool is re-installed, a new permit shall be reapplied for and re-inspected prior to its use. Failure to comply with this requirement is a violation of the Virginia Uniform Statewide Building Code. Pursuant to 36-106 of the Code of Virginia, any such violation shall be deemed a misdemeanor and any owner or any other person, firm, or corporation convicted of such a violation shall be punished by a fine of not more than \$2,500. By signing below, you are agreeing to install all necessary swimming pool safety devices as required by Section 305.1 and have the all inspections conducted prior to its use.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_