

COUNTY OF CRAIG  
P.O. Box 308  
New Castle, Virginia 24127  
540-864-5010 Phone  
540-864-5590 Fax

Farm Certification Form

I \_\_\_\_\_, owner, do hereby certify that the building to be constructed is for a farm use barn/building. I also certify that his structure will be used 100% for farm storage/use. I also certify that I have filed, or intend to file, a schedule "F" with my Federal Tax Return.

**I will conform to all Zoning requirements and set backs** with the County of Craig.

If subsequent to my completion of this certification, the structure is found to be used for purposes other than farming, I will be required to return to the county administration office and pay the fee that was waived at the time this certification was made.

Location of Structure \_\_\_\_\_

Tax Map Number \_\_\_\_\_

Type of Structure \_\_\_\_\_

Square Footage of Structure \_\_\_\_\_

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

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please complete the attached Building Permit and Plot Plan

Building Permit Fee Waived \$ \_\_\_\_\_ (Completed by Building Office)

Cc: County Administrator  
Building Official  
Commissioner of Revenue

Craig County Building/Zoning Permit		Application # _____			
P.O. Box 308		<b>NEW CONSTRUCTION / . ADDITIONS / MOBILE HOMES</b>			
108 Court Street	Phone: 540-864-5010	# Fireplaces:			
New Castle , VA 24127	Fax: 540-864-5590	# Bedrooms:			
		# Full Baths:			
		# Half Baths:			
		# Stories:			
Date of Application: _____		# Units:			
<b>TYPE OF WORK (circle)</b>		<b>Is Construction in Flood Plain?</b> Yes ___ No ___ If yes, ask for Code of Ordinances 50-85			
New Construction	Alteration	<b>Water Source: (circle)</b>		Public	Well
Addition	Demolition	<b>Sewage: (circle)</b>		Public	Septic
<b>CATEGORY OF CONSTRUCTION (circle)</b>		<b>Water/Sewage/Well/Septic #</b>			
Single Family Dwelling	Patio Home				
Manufactured Home	Multi-family(Duplex)	<b>Heat Type:</b>	Heat Pump	Gas	Elec.
Accessory Structure (describe)			Wood Stove	Solar	Oil
Other (describe)			Hot Water		
<b>SCOPE OF WORK (Describe briefly)</b>			Other		
		<b>Foundation Type:</b>		Slab	Crawl
		(Circle One)		Basement	
		<b>All Construction:</b>			
		Living Area:		Sq. Feet	
		Garage Area		Sq. Feet	
		Basement (unfinished)		Sq. Feet	
		Carport Area:		Sq. Feet	
		Deck Area:		Sq. Feet	
		Covered Porch:		Sq. Feet	
		Gazebo / Storage/Barn		Sq. Feet	
<b>PROPERTY OWNER</b>		<b>MANUFACTURED HOME ONLY</b>			
Name:		Type (circle)	Single	Double	Triple
Mailing address:		Manufacturer:			
City / State / Zip		Year			
Phone:	Cell:	Cost:	\$		
<b>APPLICANT (if other than owner)</b>					
Business name:		Permit fees are based on square footage.			
Contractor name:					
Address:		Sq. Footage: _____			
City / State / Zip		Value of Build: _____			
Lic#	Class License	Zoning Fee: _____			
Phone	Exp.Date:	Cost of Permit: _____			

**OWNERS AFFIDAVIT:** (complete if applicant is not a licensed cont.) I affirm that I am the owner of the property described in this application and that I am familiar with the prerequisites of Section 54.1-111 of the Code of Virginia, as amended, and I am not subject to licensure as a contractor or subcontractor or subcontractor. I am also aware that it is a violation of State Law to hire or award a contract to an unlicensed contractor.

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

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

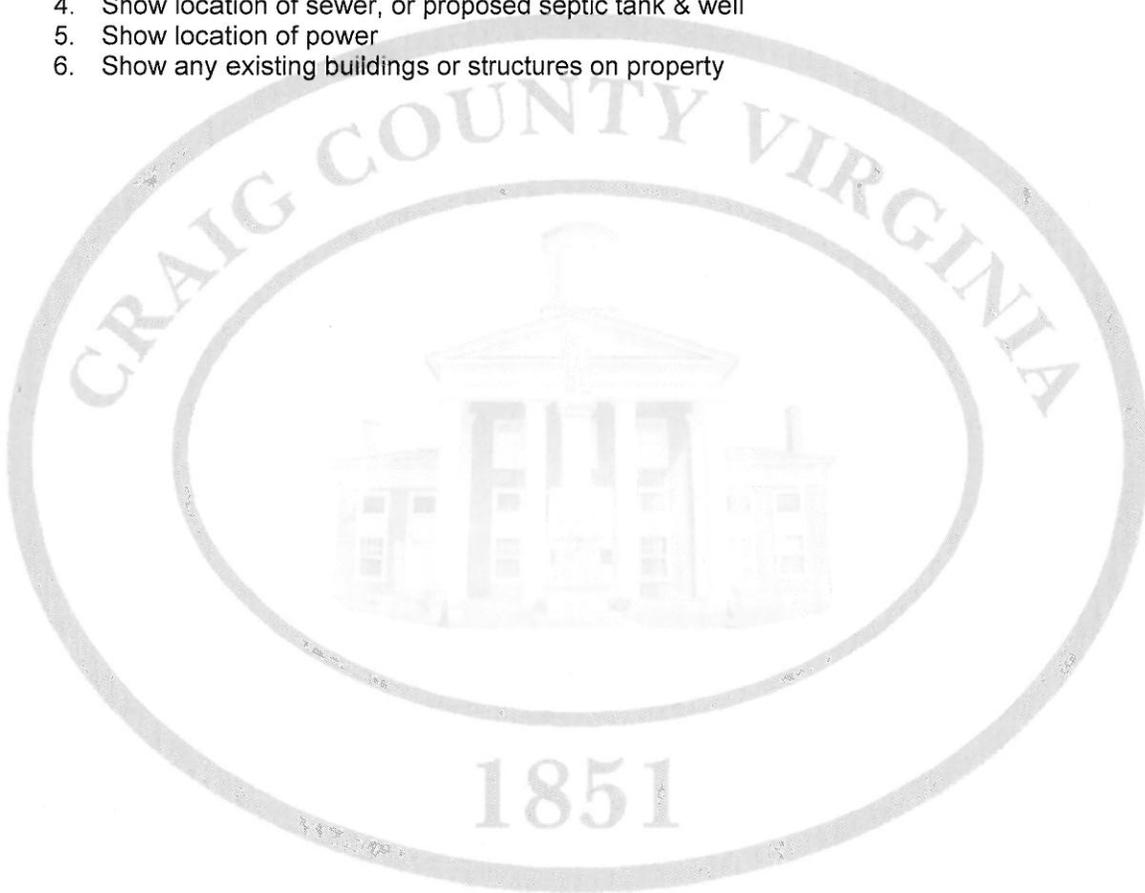
Directions to Site from New Castle: \_\_\_\_\_

**Craig County Virginia – Building Permit Request – Application Data**

Plot plan must be completed and approved prior to permit being issued.

Tax Map Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_

1. Show adjoining streets or roads to property and driveways.
2. Draw the lot(s) or parcel of land
3. Draw proposed structure(s) on the property:
  - a. show dimensions (in feet) of structure, porches, carports, garages, out buildings and basements
  - b. show setbacks (in feet) from proposed structure to front, back right and left sides of lot line
4. Show location of sewer, or proposed septic tank & well
5. Show location of power
6. Show any existing buildings or structures on property



**Name:** \_\_\_\_\_ (on application)

**Owners Affidavit:** I hereby affirm that I have measured the distances of the above setbacks and they are true and correct as stated in drawing. If measurements are found to be incorrect, I will remedy the required setbacks at my own expense.

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

Owner (or licensed contractor)