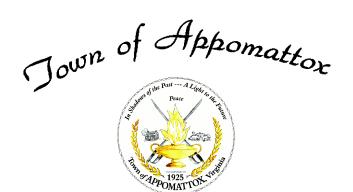
TOWN MANAGER: R. TERRY MCGHEE

MUNICIPAL OFFICE P.O. BOX 705 210 LINDEN STREET APPOMATTOX, VA 24522 PHONE: (434) 352-8268 FAX: (434) 352-2126 www.townofappomattox.com

FACILITIES MANAGER

JEFF ELDER

PUBLIC WORKS DEPARTMENT P.O. BOX 705 1799 CHURCH STREET APPOMATTOX, VA 24522 PHONE: (434) 352-8393 FAX: (434) 352-5256 townshop@appomattoxva.gov



MAYOR: RICHARD C. CONNER

COUNCIL MEMBERS:
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JAMES J. BOYCE, SR.
TIMOTHY W. GARRETT
CLAUDIA G. PUCKETTE
NATHAN A. SIMPSON
MARY LOU SPIGGLE

CLERK OF COUNCIL ROXANNE W. CASTO, MMC

Building Permit Checklist

	Ensure backflow device assembly has been installed on all new businesses.		
	Backflow assembly must be tested, and the report shall be submitted to the Public Works Department		
	before water is turned on. (Note: Water can briefly be turned on to test the	ne device.)	
	Whenever the Town has to make a water tap, the water meter shall be locked until the backflow is		
	tested and all fees/payments have been received.		
	*Minimum interior grease trap: 100-pound capacity unit		
	*Minimum exterior grease trap: 1,000-gallon tank		
	(Note: If the inside grease trap requires more than a 100-pound unit, refer	o the Virginia Plumbing Code	
	Manual to size it.)	to the Virginia Frameing Code	
	·	Water lines shall be plastic. (Note: The Town allows copper stubs on top of water heaters.)	
	Tracing wire shall be installed on water and sewer lines, from the water meter to the building.		
	Minimum slopes on all sewer lines shall be two percent of the grade. Anything under two percent		
	shall be bedded in stone.		
	Town of Appomattox shall verify setbacks on water and sewer lines before installation.		
	Submit Utility Permit Application to the Public Works Department for approval.		
	It is the responsibility of the Owner/Applicant to call in any Miss Utility requests.		
	Consult VDOT for proper right of way and possible egress/ingress easements if needed.		
	Building plans and as built plans must be submitted to the Department of Public Works for		
	review and approval. Any questions pertaining to this checklist, please contact the Public Works		
	Department.		
Department.			
I, the owner/applicant of the requested Building Permit Checklist, do acknowledge that all the information			
provided is true to the best of my knowledge.			
	D	CO /A 1:	
	Physical Location of Address Date – Signature	of Owner/Applicant	
	Date – Approved by Town Manager Date – Approved	by Facilities Manager	