

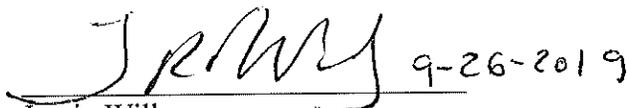
VIRGINIA:

MATHEWS COUNTY

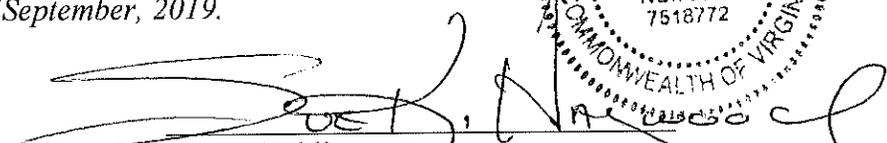
SWORN AFFIDAVIT OF JAMIE WILKS

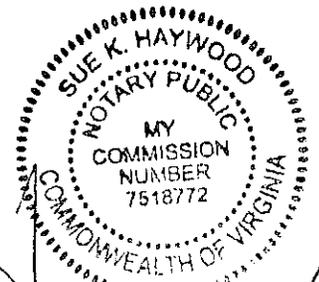
I, Jamie Wilks, the Building Official for Mathews County, do hereby swear and affirm the following to be true to the best of my belief and knowledge:

1. I have reviewed the "Record of Final Inspection" dated 11-21-2018 which was distributed during the September 24, 2019 meeting of the Mathews Board of Supervisors (copy attached).
2. I have never seen this document before and I had no part in generating it.
3. I have not performed or completed the Record of Final Inspection for 674 Morse Point Road.
4. The building permit number and the zoning permit numbers on the "Record of Final Inspection" are incorrect. Copies of the building and zoning permits are attached reflecting the correct numbers.
5. I have reviewed the "Attachment B" dated 11-21-2018 which was distributed during the September 24, 2019 meeting of the Mathews Board of Supervisors (copy attached).
6. I have never seen this document before and I had no part in generating it.
7. I have not completed Attachment B which is a FEMA document. Attachment B is the official sign off by the County stating the project is complete and meets all requirements of the grant have been met. The project at 674 Morse Point Road is not complete and all of the requirements of the HMPG grant have not been met at this time.
8. At no time has a final inspection for the property at 674 Morse Point Road been requested of me, nor performed by me.

  
Jamie Wilks

Sworn and affirmed before me this 26th day of September, 2019.

  
Notary Public



My commission expires: 12-30-20 Registration number: 7518772

FALSE Documents Submitted  
to BOS by JB Prop. Dev, owners,  
ETC.



Mathews County Building Department  
17 Court St, Mathews VA 23109

Record of Final Inspection

Date	11-21-2018
911 Address	674 Morse Point Road ✓
Tax Map Number	40-A-55A ✓
District	Chesapeake
Building Permit Number	1567-2018 <del>1567-2018</del> incorrect 1707-2017
Zoning Permit Number	190-Z-17 196-Z-2017
Flood Zone (SFHA)	AE-6
Description of Work	FEMA HMGP home elevation

JW  
1707-2017  
196-Z-2017

All work appears complete and in compliance with the Virginia Uniform Statewide Building Code (USBC). This document is being issued in lieu of a certificate of occupancy.

USBC Code Edition	2012
Use Group	R-5
Construction Type	V-B
Automatic Sprinklers Installed	No
Modifications Granted	None

Special Stipulations: None

Jamie R Wilks

Mathews County Building Official  
& Floodplain Administrator

Phone: 804-725-7171

Email: jwilks@mathewscountyva.gov

THIS IS A Forged - counterfeit document

Red = JW

ATTACHMENT B

Page 1

Hazard Mitigation Assistance Program Elevation Compliance Record

Project Description FEMA HMGP home elevation  
Address 674 Morse Point Road  
City Port Haywood (Mathews County) State VA

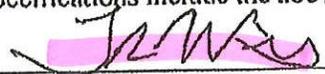
The proposed project, plans and specifications are in compliance with the following:

1. The standards and requirements of the Mathews County Floodplain Management Ordinance;
2. Are designed and constructed to not adversely affect the flooding of surrounding properties;
3. Are designed and constructed to resist flood hazard forces.

Project plans and specifications include:

1. Existing and proposed lowest reference floor elevations;
2. The base flood elevations, velocity and other data from the FIRMS and/or other studies;
3. Existing and proposed structures, utilities and improvements;
4. That a minimum of two openings having a total net area of not less than one square inch for every square foot of enclosed area below the lowest floor are provided. That the bottom of all openings shall be no higher than one foot above adjacent grade;
5. That the elevation shall be constructed with materials resistant to flood damages;
6. That electrical, heating, ventilation, plumbing and air conditioning equipment and other service facilities will be installed above the Base Flood Elevation, are designed and/or located so as to prevent water from entering or accumulating within the components during conditions of flooding.

This compliance record is conditioned upon the actual construction of the project being in strict accordance with the plans and specifications described herein. I attest that the project plans and specifications include the above requirements.

Signature:   
Name (print or type): Jamie R Wilks  
Title: Building Official & Floodplain Administrator  
Date: 11-21-2018

This is a forged-counterfeit document  
Red = JRM

ATTACHMENT B

Page 2

**A. Local Building Inspector Sign-off**

I attest that upon final inspection for 674 Morse Point Road, that the  
(Address)

Structure, as built, complies with the Hazard Mitigation Assistance Program  
Elevation Compliance Record, and meets the approved plans and specifications.

Signature: JRW

Name(print or type): Jamie R Wilks

Title: Building Official & Floodplain Administrator

Date: 11-21-2018

**B. Local Floodplain Permit Officer Sign-off**

I attest that upon final inspection for 674 Morse Point Road, that the  
Address

Structure, as built, complies with the Hazard Mitigation Assistance Program  
Elevation Compliance Record, and is in compliance with the floodplain permit. I have  
also included a copy of the Elevation Certificate, as prepared by the homeowner's  
architect/engineer or licensed surveyor.

If the property is on the Repetitive Flood Claims and/or on the Severe Repetitive Loss  
list, a copy of the AW501 form is included. If not, no AW501 form will be attached.

Signature: JRW

Name (print or type): Jamie R Wilks

Title: Building Official & Floodplain Administrator

Date: 11-21-2018

THIS IS A Forged - counterfeit documents  
Red = JRW

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION					FOR INSURANCE COMPANY USE	
A1. Building Owner's Name MICHAEL W. CHRISTIAN & GINA R. CHRISTIAN					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 674 MORSE POINT ROAD					Company NAIC Number:	
City PORT HAYWOOD		State Virginia		ZIP Code 23138		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) MATHEWS COUNTY TAX MAP 40 A, PARCEL 55A						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					RESIDENTIAL	
A5. Latitude/Longitude: Lat. 37° 21' 47.2" +/- Long. 76° 17' 04.1" +/- Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number <u>8</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s)					1813.00 sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade					<u>10</u>	
c) Total net area of flood openings in A8.b					<u>2000.00</u> sq in	
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage					<u>198.00</u> sq ft	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade					<u>1</u>	
c) Total net area of flood openings in A9.b					<u>200.00</u> sq in	
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number MATHEWS COUNTY 510096				B2. County Name MATHEWS		B3. State Virginia
B4. Map/Panel Number 51115C0130	B5. Suffix E	B6. FIRM Index Date 12-09-2014	B7. FIRM Panel Effective/ Revised Date 12-09-2014	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) EL 6	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 674 MORSE POINT ROAD			Policy Number:
City PORT HAYWOOD	State Virginia	ZIP Code 23138	Company NAIC Number

**SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: PID "DL3889" Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- |   |             |  |                                 |
|---|-------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <u>5.20</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>8.90</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <u>N/A</u>  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | <u>5.60</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | <u>8.70</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>4.90</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>5.10</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | <u>4.80</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name JAMES S. LEIGH, L.S.	License Number 1758 (VIRGINIA)	
Title LAND SURVEYOR		
Company Name BAY DESIGN GROUP		
Address 40 CROSS STREET, SUITE 100		
City URBANNA	State Virginia	ZIP Code 23175
Signature <i>James S. Leigh</i>	Date 11-07-2018	Telephone (804) 693-2993
Ext.		

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

C2a: THE ELEVATION SHOWN IS THE CRAWL SPACE GROUND. C2e: THE ELEVATION SHOWN IS THE HVAC PLATFORM. NOTE: THE ELEVATION OF THE BOTTOM OF THE AIR HANDLER IS 8.9 FT. NOTE: THE ELEVATION OF BOTTOM OF THE HEATING UNIT IS 9.3 FT. NOTE: THE ELEVATION OF THE SEWER ALARM CONTROL PANEL IS 8.8 FT. NOTE: BENCH MARK DETERMINED BY GPS STATIC OBSERVATION WITH OPUS SOLUTION REPORT. TBM IS NAIL FD. IN 22" PINE TREE IN FRONT YARD. ELEVATION IS 6.01 FT.(NAVD 1988).

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 674 MORSE POINT ROAD			Policy Number:
City PORT HAYWOOD	State Virginia	ZIP Code 23138	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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

Comments

Check here if attachments.



**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 674 MORSE POINT ROAD			Policy Number:
City PORT HAYWOOD	State Virginia	ZIP Code 23138	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

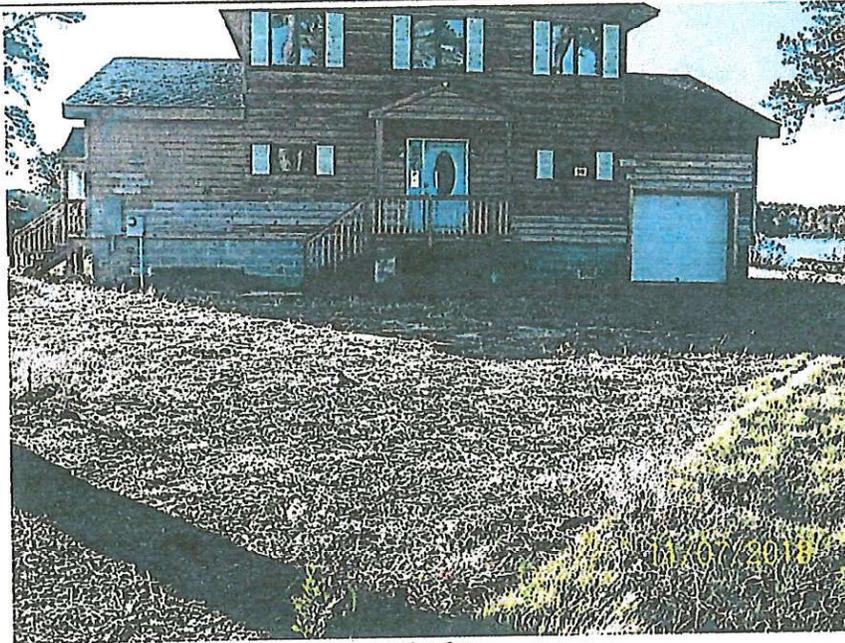


Photo One

Photo One Caption "FRONT VIEW"

Clear Photo One

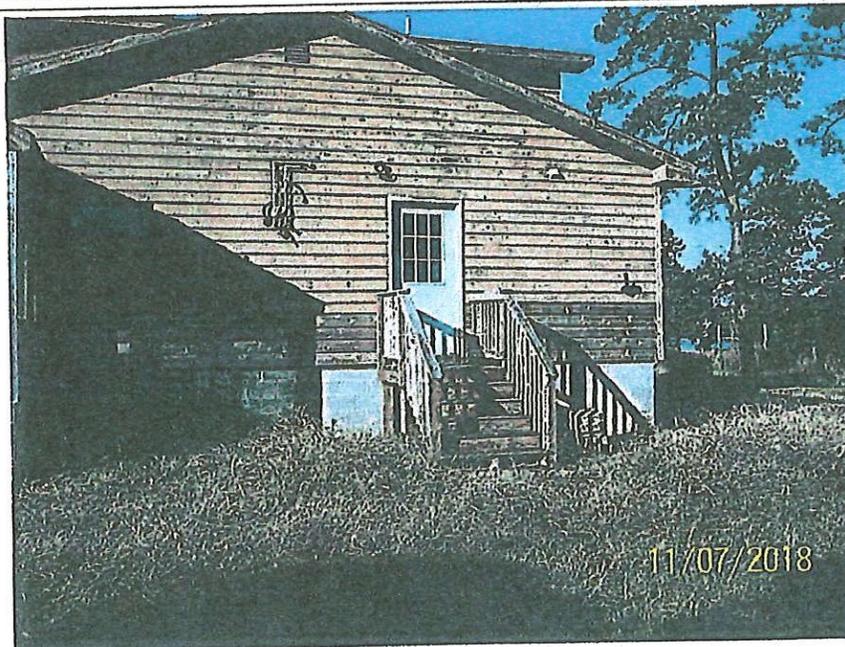


Photo Two

Photo Two Caption "LEFT SIDE VIEW"

Clear Photo Two

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 674 MORSE POINT ROAD			Policy Number:
City PORT HAYWOOD	State Virginia	ZIP Code 23138	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

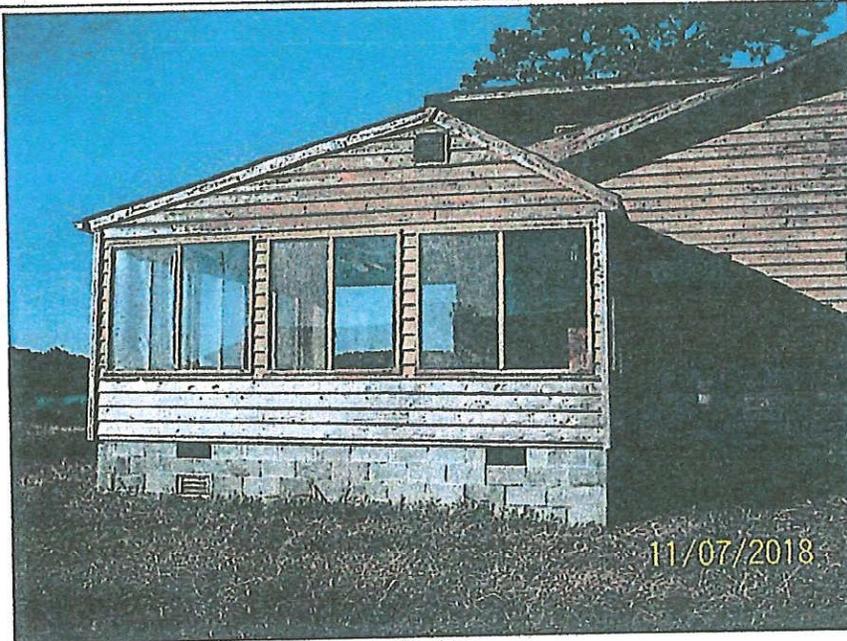


Photo Three

Photo Three Caption "LEFT SIDE VIEW"

Clear Photo Three

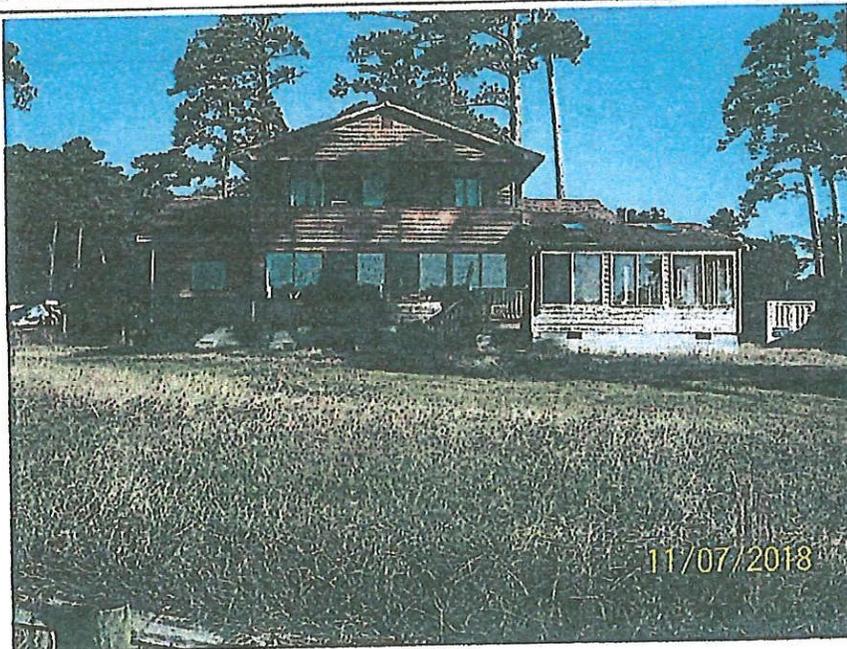
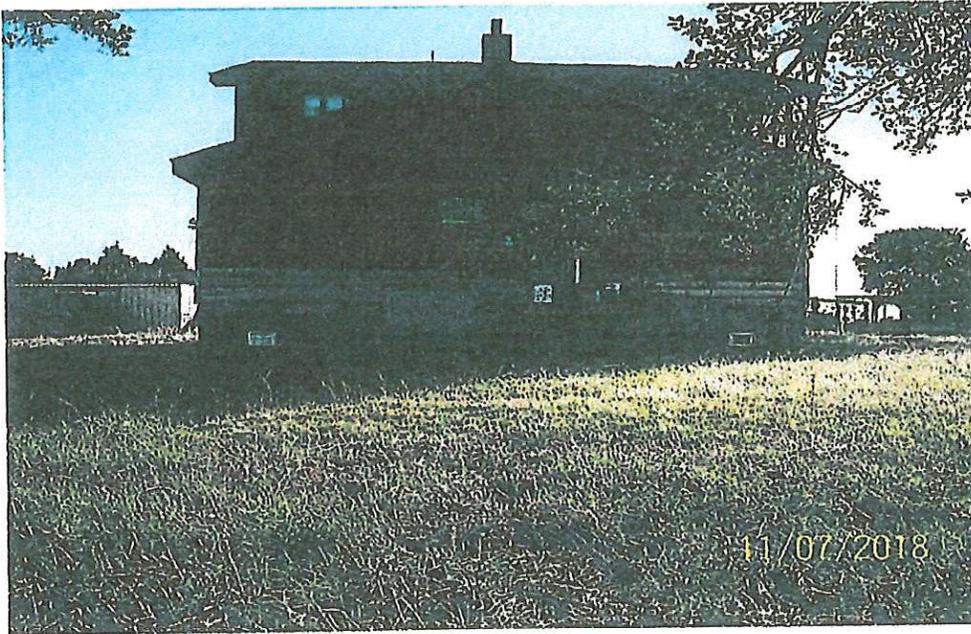


Photo Four

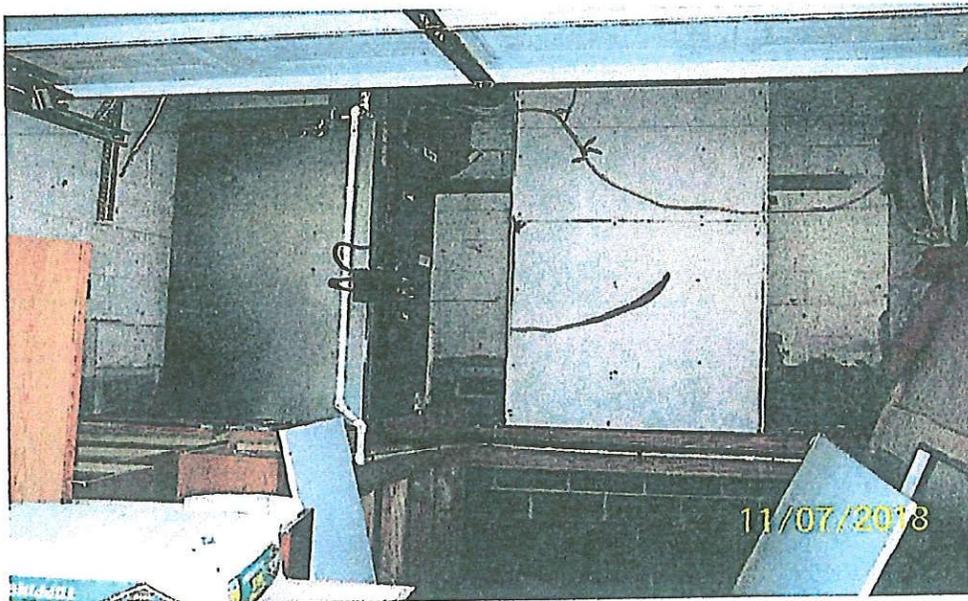
Photo Four Caption "REAR VIEW" (WATERFRONT)

Clear Photo Four

ATTACHMENT #1 ADDITIONAL PICTURES OF  
674 MORSE POINT ROAD, PORT HAYWOOD, VA 23138  
ELEVATION CERTIFICATE



"RIGHT SIDE VIEW"



"HEATER UNIT & AIR HANDLER" IN GARAGE/UTILITY ROOM

# DECLARATION OF NONCONVERSION AGREEMENT (ATTACHMENT A)

Whereas the PROPERTY OWNER(s) Michael W. & Gina R Christian is/are the record owner(s) of all real property located at 674 Morse Point Road (Address), in Port Haywood (City/Town), in Mathews (County), in the Commonwealth designated in the Tax Records as Tax Map # 40A-55A, and

Whereas the PROPERTY OWNER(s) has/have applied for a permit or variance to elevate a structure on the above listed property to the strict elevation requirements of Chapter 63 Section 15 of the Floodplain Management Ordinance of Mathews County (Community) and under Permit Number 1707-2017, and

Whereas the PROPERTY OWNER(s) agree/agrees to record this declaration on the deed of the above-named property and certifies that the following covenants, conditions and restrictions are placed on the affected property and affects rights and obligations of the Owner(s) and shall be binding on the PROPERTY OWNER(s), his/her/their heirs, personal representatives, successors and assigns.

Upon the terms and subject to the condition as follows:

1. At this site, the Base Flood Elevation (BFE) is 6.0 feet above mean sea level, North American Vertical Datum 1988.
2. Enclosed areas below the BFE shall be used solely for parking of vehicles, limited storage or access to the building. All interior walls, ceilings and floors below the BFE shall be unfurnished or constructed of flood resistant materials. Mechanical, electrical and plumbing devices shall not be installed below the BFE or shall be certified flood-proofed.
3. The walls of the enclosed areas below the BFE shall be equipped and remain equipped with vents as required.
4. Any alterations or changes from these conditions constitute a violation and may render the structure uninsurable or may increase the cost of flood insurance. The jurisdiction issuing the aforementioned Permit and enforcing the Ordinance may take appropriate legal action to correct any violation.
5. The vents on the property will remain open and not covered in perpetuity.
6. This property has received Federal Hazard Mitigation Assistance. Federal law requires that flood insurance coverage on this property must be maintained during the life of the property regardless of transfer of ownership of such property. Pursuant to 42 U.S.C. Sub. 5154a, failure to maintain flood insurance on this property may prohibit the owner from receiving federal disaster assistance with respect to this property in the event of a flood disaster.
7. The Property Owner is also required to maintain this property in accordance with the flood plain management criteria of Title 44 of the Code of Federal Regulations Part 60.3 and the Mathews County Flood Ordinance.

Witness the following signatures:

Michael W. Christian  
 \_\_\_\_\_  
 Michael W. Christian, Owner

10/4/18  
 \_\_\_\_\_  
 Date

In Mathews (County) in the Commonwealth of Virginia the foregoing instrument was acknowledged for Michael W. Christian before me, Michael Paul Dodson on this 4th day of October, 2018.

Michael Paul Dodson  
 \_\_\_\_\_  
 Michael Paul Dodson - Notary Public

Notary Registration No.: 7007466

Gina R Christian  
 \_\_\_\_\_  
 Gina R. Christian, Owner

10/4/18  
 \_\_\_\_\_  
 Date



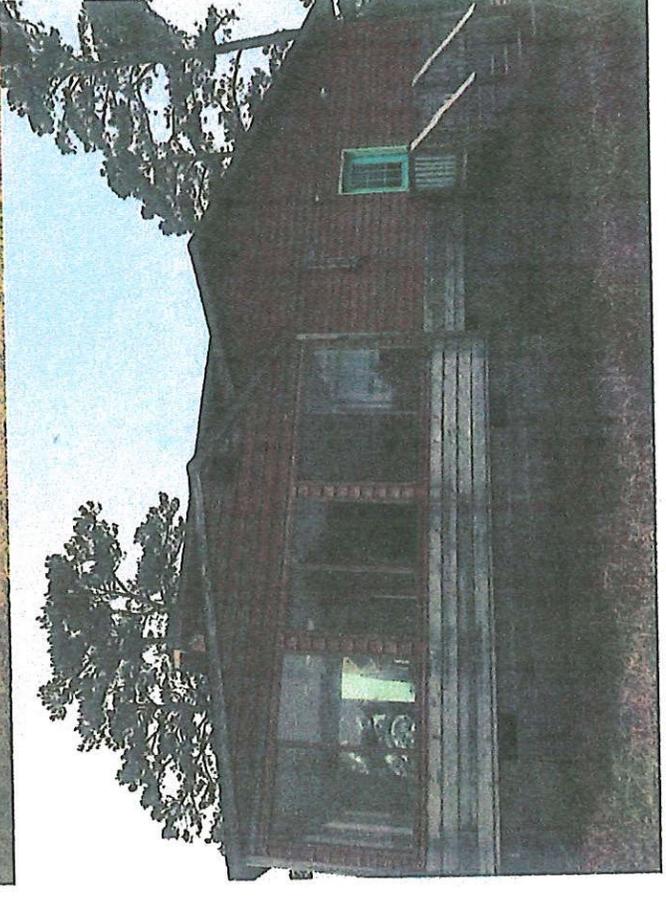
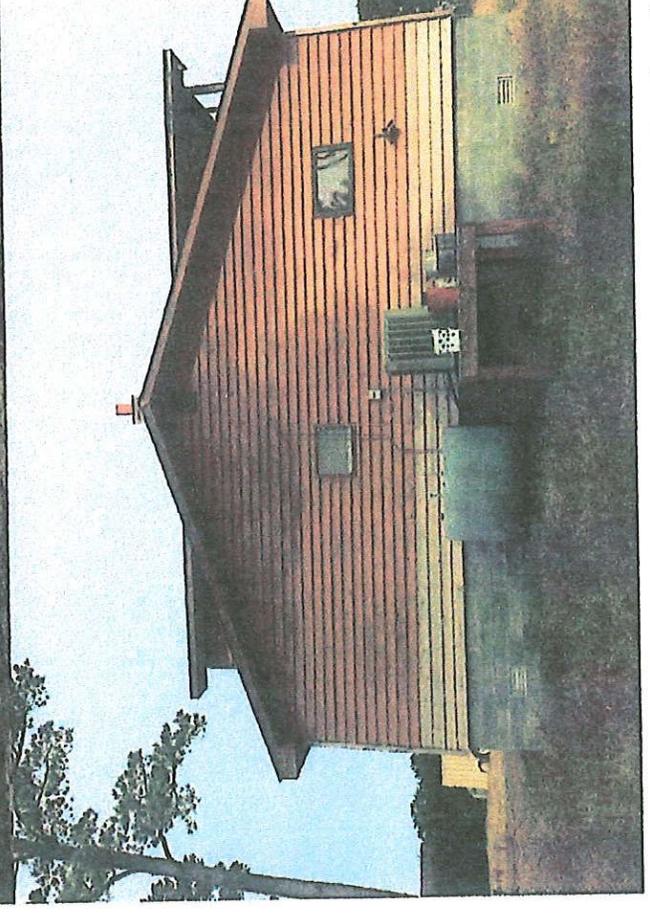
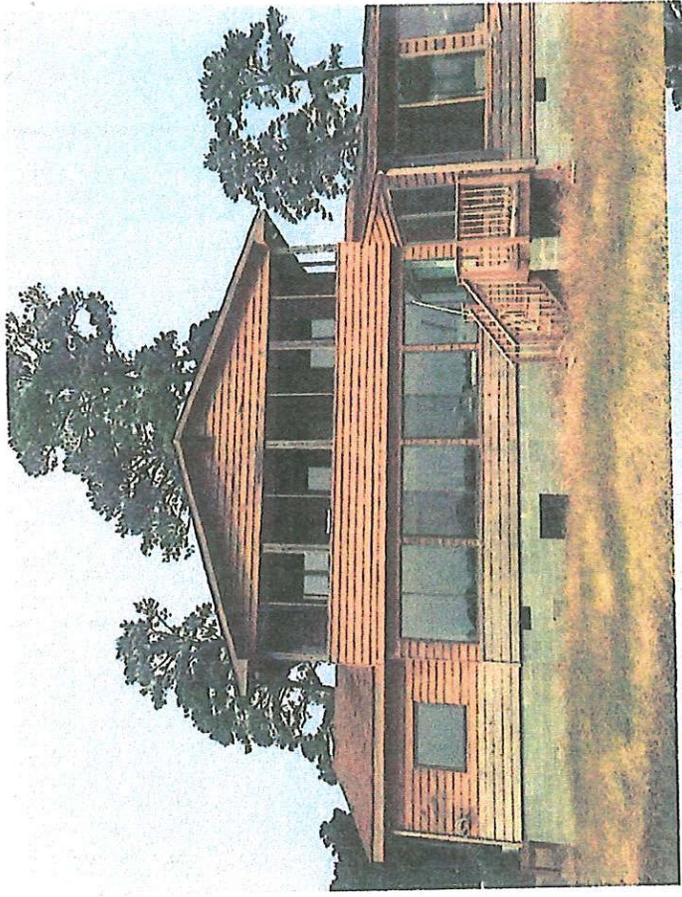
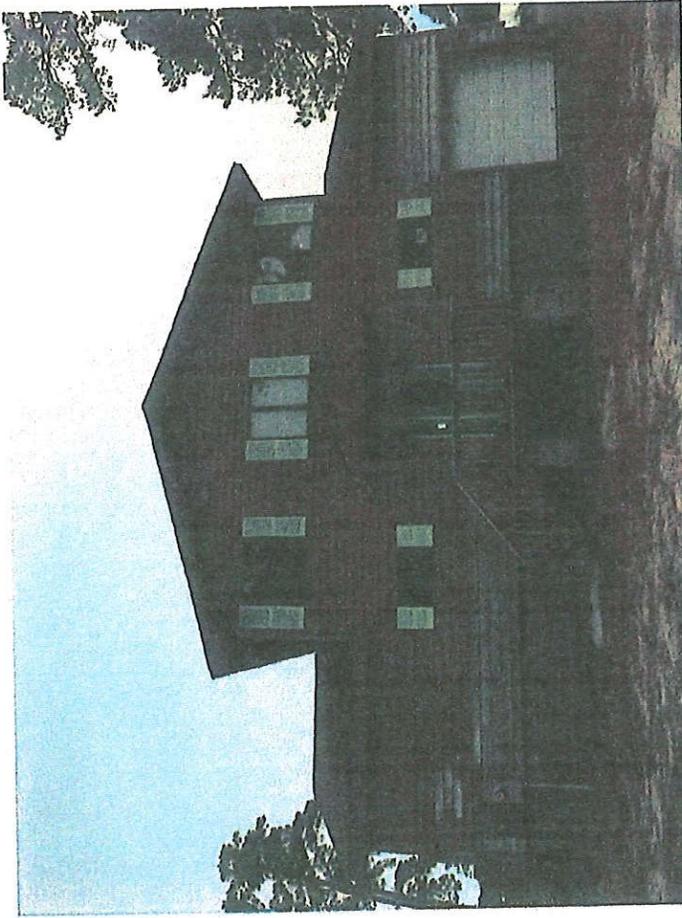
In Mathews (County) in the Commonwealth of Virginia the foregoing instrument was acknowledged for Gina R Christian before me, Michael Paul Dodson on this 4th day of October, 2018.

Michael Paul Dodson  
 \_\_\_\_\_  
 Michael Paul Dodson - Notary Public

Notary Registration No.: 7007466

My Commission Expires on July 31, 2019  
 \_\_\_\_\_  
 Date

INSTRUMENT 180001406  
 RECORDED IN THE CLERK'S OFFICE OF  
 MATHES COUNTY CIRCUIT COURT ON  
 NOVEMBER 26, 2018 AT 02:56 PM  
 ANGELA D. THORAN, CLERK



694 Morse Point Road

Latitude: 37.363025

Longitude: -76.284086



Mathews County, VA

17 Court St, Mathews VA 23109

### Building Permit Application

#### Site Info

Permit Number	1707-2017
911 address of work/project	674 MOESE PT RD FORT HAYWOOD VA
Tax Map Number	40-A-55A
Zoning Permit Number	196-2-17
Flood Zone (FEMA SFHA)	AE-5
County District	

#### Applicant Info

Name	JB PROPERTY DEVELOPMENT
Address	PO BOX 1099 MATHWS, VA 23109
Phone Number	804-725-3383 317-507-8554

#### Owner Info

Name	CHRISTIAN
Address	674 MOESE PT RD FORT HAYWOOD VA
Phone	

#### Contractor Info

Name	JB PROPERTY DEVELOPMENT
Phone	804-725-3383
State (DPOR) License Number	2705-132590A

Current use of property/structure	RESIDENCE
-----------------------------------	-----------

#### Description of work to be performed

- New residential dwelling
- New commercial building
- Renovation, remodeling, rehab to existing dwelling or building
- Addition to existing dwelling or building
- Manufactured home
- Marine Structure-Pier/Dock/Etc
- Deck or Patio
- Demolition of structure
- Detached garage, outbuilding, shed, accessory structure
- Pool, Spa or Hot Tub

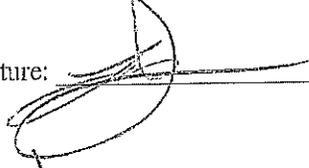
Description of work	FEMA - HOUSE LIFT ON SAME FOOTPRINT
---------------------	--

Square footage	2280
Number of bedrooms	3
Number of bathrooms	2
Number of stories	2
Type of foundation	SLAB

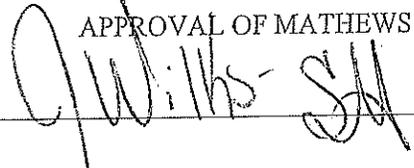
Estimated completion date	MAR 1 2018
Estimated cost	\$221,000

Fee	884.00
2.00% state education surcharge	17.68
Total Fee	901.68

I hereby certify that the foregoing information, as well as, attachments are true and accurate to the best of my knowledge, and I agree to make all required improvements in accordance with the State of Virginia Building Code. I understand the approval of this permit is for six months.

Applicant signature:  Date: 10-31-2017

APPROVAL OF MATHEWS COUNTY BUILDING OFFICIAL

Name:  Date: 11-1-17

Mechanics' Lien Agent	
Address	N/A
Telephone Number	

Other Information Required/Comments  
House is going up in same footprint



OFFICE USE ONLY  
Application No. 1907 2-17  
Date Submitted 10/31/17  
HD/MCHS/VMRC Permit   
Map ID 40 (A)SSA  
Zoning District R1  
Approved by: [Signature]  
Date: 10/31/17  
Existing File:  
Amt: Fee waived Date Ck #

YOU MUST CONTACT THE PLANNING & ZONING OFFICE FOR SETBACK VERIFICATION ONCE FOOTING IS FLAGGED/STAKED

(signature of applicant/agent)

ZONING PERMIT APPLICATION

PLEASE PRINT OR TYPE:  
1. Name of Applicant: JB Property Development LLC  
Mailing Address: PO BOX 1099 MATHWS VA 23109  
Phone Number: 804-8725-3383  
2. Name of Property Owner(s): CHRISTIAN  
Mailing Address: 674 WOOD PT RD PORT ANNEWOOD VA  
Phone Number:  
3. Acreage: Current use of the property: Residence  
Proposed use/type of project: Lift - HMOA  
4. Building height in feet: Number of houses on lot:

COMMERCIAL USE REQUEST - INVALID IF BUSINESS MOVES TO DIFFERENT PROPERTY

- 5. Trade name of business or industry: Business phone:
- 6. Describe in detail the type of business operation, number of employees, hours of operation, machinery involved, etc.
- 7. Signs? Sizes?
- 8. Number of parking spaces or loading berths (minimum 2)
- 9. Is business to be conducted from your home? Yes No
- 10. Will additions be made to the existing structure for the business: Yes No
- 11. Will excessive noise, smoke, odor, or traffic be created: Yes No

A HEALTH PERMIT MUST BE ATTACHED IF APPLICABLE

I hereby certify that the foregoing information and attachments are true and accurate to the best of my knowledge. I understand this permit is invalid if necessary approvals from Federal, State, and Local agencies are not also obtained. I understand approval of this permit is valid for 1 year and shall expire if not incorporated into a building permit within 1 year.

Date 10-31-2017

[Signature] Applicant Signature

NOTE: Zoning Ordinance allows 30 days for consideration of this permit

FEE: \$25.00 Make check payable to TREASURER, COUNTY OF MATHEWS  
\$15.00 - 911 Plate (New Construction)

Mail To: COUNTY OF MATHEWS, DEPARTMENT OF PLANNING AND ZONING, PO BOX 839, MATHEWS, VA 23109  
(804)725-4034

MATHEWS COUNTY, VIRGINIA  
APPLICATION FOR ZONING PERMIT

APPLICATION NO. \_\_\_\_\_

PLOT PLAN MUST BE  
DRAWN TO SCALE

Show the following:

- Dimensions and shape of parcel(s)
- Existing primary & accessory buildings
- Proposed new construction or alterations showing front, rear, & side yard setback lines

**INDICATE LOCATION OF PROPERTY TO STATE HIGHWAY, ALL RIGHT-OF-WAYS  
AND TO WETLANDS/WATER**

**Setbacks from property line in feet**

NOTICE It is the responsibility of the applicant to establish the location of the front, side, and rear property lines. Such property lines should be identified prior to calling for a footing inspection. It is the applicant's responsibility to complete the plot plan.

Date \_\_\_\_\_ *No expansion @ this time*  
 SIDE YARDS \_\_\_\_\_  
 REAR YARD \_\_\_\_\_  
 FRONT YARD \_\_\_\_\_

Applicants Signature INVALID IF NOT SIGNED

**PARCEL SURVEY OR SKETCH MUST BE ATTACHED TO ZONING PERMIT APPLICATION**