



COUNTY OF LOUISA

DEPARTMENT OF COMMUNITY DEVELOPMENT

Phone (540) 967-3430 Fax (540) 967-3486

www.Louisacounty.com

1 Woolfolk Avenue
P.O. Box 160
Louisa, Virginia 23093

Well Permit Package



Table of Contents:

Permit Application Instructions / Schedule of Fees / Submittal Requirements	Page 1
Development Permit Application	Page 2
Contractor Information Sheet	Page 3
Zoning Approval & Requirements	Page 4



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Permit Application Instructions

Well

PLEASE RETAIN FOR YOUR RECORDS

Permit Application Instructions

- All areas of this packet must be completed; all forms and items required for submittal must be complete prior to application being accepted.

Permit Review Process

Once all required submittals are completed and submitted, review steps are as follows:

1. Submittal Review – Verification that all required submittals are present and completed properly.
2. Zoning Review – Ensures the project is taking place within the Tax Map #, and Zoning District indicated.
3. Building Plan Review – Review of project plans will be completed
4. Final Review – Ensures all requirements have been satisfied.
5. Permit Issuance – Community Development staff will inform primary contact when permit is ready for issuance. All fee balances are due at permit issuance.

Schedule of Fees

Well

FEE DUE AT PERMIT ISSUANCE

2% State Fee will apply to the following:

- Well Permit Fee \$ 25.00

Submittal Requirements

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INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED

Required forms and submittals provided by applicant or applicant’s contractor:

- Deed/Recordation Receipt** - if the property is not listed in the applicants’ name
- Plat of property** - must include approximate location of proposed well site



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Development Permit Application Well

Contact Information

Property Owner: _____	Phone #: _____
Address: _____	Email: _____
City, State, Zip: _____	
Contractor Name: _____	Phone #: _____
Contractor Address: _____	Email: _____
City, State, Zip: _____	
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent	

Project Location and Property Information Details

Property Address (if applicable): _____	
Tax Map #: _____	Magisterial District: _____
Zoning District: _____	Subdivision: _____
Job Value: \$ _____	
<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Agricultural Well	
Type of Well: <input type="checkbox"/> Drilled <input type="checkbox"/> Bored	
Type of Pump: <input type="checkbox"/> Submersible <input type="checkbox"/> Other _____	
Directions to property from County Office Building:	

I declare that the statements made and the information given on this application are true, full, and correct to the best of my knowledge and belief, and I agree to conform to all Zoning and Building Regulations. I give my permission for County staff to enter onto this property for appropriate inspections. I also acknowledge the comments made by the Zoning Administrator or designated agent and the setback requirements stated on this form and/or permit. I further understand that an authorized agent of Louisa County may require a foundation survey or setback certification for compliance at any time during the construction process or prior to issuance of a Certificate of Occupancy.

Acknowledged By (print): _____ Date: _____

Signature of Owner or Authorized Agent: _____



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**Contractor Information Sheet
Well**

Fill out either the Contractor License Exemption OR Owner/Agent Affidavit

Contractor License Exemption- The property owner will be acting as the contractor and is responsible for work performed onsite.

I affirm that I am the owner of a certain tract or parcel of land listed below and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of §54.1-1111 and §54.1-1101 of the Code of Virginia and I am not a contractor or subcontractor.

Owner(s) Name: _____

Address or Tax Map #: _____

Signature of Owner(s): _____

Notice: Per §54.1-1101, Exemptions: *The property owner of a commercial, industrial, or manufacturing facility is only allowed this exemption for repairs or improvements to the existing structure(s). New structures, including additions are not included in this exemption. The property owner shall be a properly licensed contractor or employ a properly licensed contractor per §54.1-1103 of the Code of Virginia.*

- OR -

Owner/Agent Affidavit- The property owner has hired a contractor to perform work for this project. Contractor information will be verified.

I hereby certify that I/we, owner(s) of record, authorize the below referenced person/contractor/RDP to submit this application as my/our authorized agent.

Owner(s) Name: _____

Address or Tax Map #: _____

Signature of Owner(s): _____

Contractor

Contractor/Company/Agent Name: _____

Virginia Contractor's License #: _____

License designation(s), e.g. CBC/RBC/ELE: _____

Tradesman License # & Designation: _____

Expiration Date: _____

Signature of Contractor/Agent: _____



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Zoning Approval & Requirements

**Well
Staff Use Only**

Zoning Permit # _____ Building Permit # _____

Comments: _____

Approved by Zoning Administrator or

Designated Agent: _____ Date: _____

Approved by Building Official or

Designated Agent: _____ Date: _____