



PERMIT APPLICATION

BUILDING / ZONING

Site Owner Name _____

Site Owner Phone _____

Landowner Name _____

Phone _____

Mailing Address _____

Landowner Mailing Address _____

Phone _____

Mailing Address _____

1st Address _____

Choose all that apply:

Commercial Residential New Structure Addition Alteration, Renovation or Repair

Estimated Value: _____

In a Flood Zone: Yes No

Water: Public Well

Sewer: Public Septic

Square Footage:

Finished Area: _____

Change of Use or Occupancy: _____

Unfinished Area: _____

Decks / Porches: _____

Home Occupation: _____

Manufactured Home

****Skirting must be up within 60 DAYS of issuance of the Certificate of Occupancy.**

Singlewide Doublewide Year _____ Size _____ x _____ Value \$ _____

*Email for Inspection Results: _____

Contractor Information

Customer Name on Electric Bill _____

General Contractor

VA License Number

Phone

Address

Structural / Framing

VA License Number

Phone

Address

Electrician

VA License Number

Phone

Address

Plumber

VA License Number

Phone

Address

Mechanical / HVAC

VA License Number

Phone

Address

Mechanic Lien Agent

Address

Phone

I (Print Name) _____ hereby certify that I am the owner of record of the herein described property or that the work proposed 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 this 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). **By checking this box, I acknowledge my digital signature below:**

Signature _____

Date _____

OFFICE USE ONLY

Zoning _____ Construction _____
 District _____ Mechanical _____
 Business Licenses _____ Electrical _____
 Taxes Paid _____ Plumbing _____
 Tax Map # _____ Plan Rev/Admin _____

Subtotal _____ Code 100032.413308
 2% VA Levy _____ Code 100032.413334
 Zoning _____ Code 100032.4133 07 / 19 / 35
 TOTAL \$ _____

Please complete other side →

Electrical	New service: Yes <input type="checkbox"/> No <input type="checkbox"/> amps _____	Wiring / Equipment: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Service upgrade: Yes <input type="checkbox"/> No <input type="checkbox"/> amps _____	If Yes, Please List: _____

Plumbing	New Public Connection <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/>	Fixtures / Equipment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sprinkler / _____ # of heads
	Add or Replace Line(s) <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/>	If Yes, Please List: _____	Suppression: _____ # of risers

Mechanical	Heating, Cooling, or Ventilation System(s) <input type="checkbox"/> Add <input type="checkbox"/> Replace Type & Number of: _____		
	Equipment <input type="checkbox"/> Add <input type="checkbox"/> Replace	Type & Number of: _____	
	Gas Line(s) <input type="checkbox"/> Add <input type="checkbox"/> Replace		
	Fuel Tanks: Above Ground: Yes <input type="checkbox"/> No <input type="checkbox"/>	Underground: Yes <input type="checkbox"/> No <input type="checkbox"/>	# and Size: _____

Proposed Building and Property Drawing

Required for all projects, as applicable.

**** The applicant and contractor are responsible for knowing the true location of all property lines and the required building setbacks. ****

REAR SETBACK

SIDE SETBACK

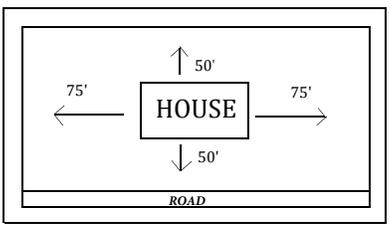
SIDE SETBACK

FRONT SETBACK

Directions:

- Draw the property: lot boundaries, adjacent streets, rights-of-way, etc.
- Draw the location of the proposed structure, and all other structures or buildings existing on the parcel.
- Write in distances from the proposed structure to the property lines, other structures, rights-of-way, etc.
- *Please Note:* If submitting plans electronically, please attach to your application.

EXAMPLE:



OFFICE USE ONLY

USBC: _____	Const. Type: _____	Square Footage - Finished: _____	Unfinished: _____
Use Group: _____	Occup. Load: _____	Sprinkler: Yes <input type="checkbox"/> No <input type="checkbox"/>	Plans: _____
Zoning: _____	BRWA: _____	Health Department: _____	E&S: _____