



BUILDING PERMIT APPLICATION

Detailed Description of Project

Owner's Name

Landowner's Name

Phone

Mailing Address

Owner's Name

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, designer, contractor or the authorized agent of, and that I (we) agree to conform to all applicable state and local regulations and that I (we) are aware of, and in compliance with, Virginia contractor license requirements and the exemptions thereto, under the terms of Section 54.1-1100 of the Code of Virginia, as well as the state requirements for asbestos inspections as per Section 36-99, for buildings constructed prior to 1985 and the exemptions thereto, and that additional regulations may still apply under the Virginia Department of Labor and Industry.

This application expires in 6 months after the date of submittal.

By checking this box, I acknowledge my digital signature below:

Signature _____ Date _____