

BUILDING PERMIT APPLICATION

Building Department 112 Tazewell Street Pearisburg, VA 24134 Phone: 540-921-0340

Fax: 540-921-0086

Permit #:	
Туре:	
Date:	

	(608)		Fax: 540-921-0086								
ō.	Name:	Owner of Building:									
or In	Mailing Address:										
Applicant/Contractor Info.	City:						State:			Zip:	
	Phone: F				Fax:		E-Mail:				
	Contractor's License #:					Class: Expir			res:		
App	Individual/Certifications License #:					Trade:	E	Expire	s:		
Building Type	Residential: Commer			mercia	cial: Building Code:		Edition:				
	Single Family: ☐ Townhouse: ☐ Duplex: ☐ Apartment: ☐ Business: ☐ Public: ☐										
ildir	Industrial: Condo: Condo										
Bu	New: ☐ Repair: ☐ Addition: ☐ Remodel: ☐ Storage Building: ☐ Other: ☐										
tion	Location:					Subdivision:					
Location	Lot #:	Section:			Parcel ID:		Map ID:				
Zoning- Setbacks	Zoning: Front:					Rear:					
	Site Plan:	Plan: Right Side:			Left Side:			Height:			
,	Remarks:										
on	Construction Cost: Description o				of work:						
cripti	riptic										
Des											
Construction Description	# of Bedrooms: Kitchen sink			sinks: _	ks: Basement: \square] Finished	Finished: Unfinished:			
	# of Bathrooms: Sprinkler: _			r: 🗆 si	100		2 nd Floor: 3 rd Floor: Storage Building: Garage:				
	Utilities: Water 🗆 Size: Sewer 🗖 S										
Mechanic's Lien Agent	Agent:				Address:						
	City:				State:		Zip:				
Me	Phone:				Fax:						

Affidavit	Code of Virginia 54.1-1111 Any person applying to this Commonwealth, charged with the duty of issus sewer, or structure, or for any removal, grading or satisfactory proof to such inspector or authority the out or superintend the same, or (ii) file a written secretification as a contractor or subcontractor purson Attached:	ting building or other permits for the improvement shall furnish prior to hat he is duly licensed or certified to tatement, supported by an affidav	he construction of any building, highway o the issuance of the permit, either (i) under the terms of this chapter to carry				
Individual/ Certificate Signature	Signature:	Da	ite:				
	Applicant Name: (Please Print)						
Signature Owner/ Agent	Applicant Signature:	ate:					
author Sedime respon	ove signature owner/agent hereby applies ized by the Owner to make such application entation Control restrictions and regulation sibility of the above signature to notify the ary inspections. The attached forms are he	n; and further certifies that a s pertaining to the same will Building Department to mak	ll Building, Zoning, Soil Erosion be met. It shall be the e or cause to be made any				
Administration	The forgoing application has been approve regulations pertaining to the same. Building Official:	mit granted subject to all Date:					
Adm							
Final	Inspector:		Date:				
			<u> </u>				
	Building Permit Fee:						
Only	State Surcharge Fee:						
Office Use Only	Water Fee:						
Office	Sewer Fee:						
	Total Fee:						