

**Property Location:**

E911 Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

What is currently on the property? \_\_\_\_\_

Directions to Property: \_\_\_\_\_

**Building Permit Application**

Date Received \_\_\_\_\_

Permit # \_\_\_\_\_

O Name:	Company/Contractor Name:
W Address:	Address:
N City:	City:
E Phone:	Phone:
R	State License #:
	Exp. Date / /
Lessee if applicable:	Mechanic's Lien Agent:
Name:	Name:
Address:	Address:
Phone #:	Phone #:

**Description of work to be completed:**

Check all that apply:

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial  <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Remodel/Repair <input type="checkbox"/> Demolition	Size of Structure/Tent/Sign : Length _____ x Width _____ Height _____
	# of Stories: _____ Basement: _____ x _____ # of finished rooms _____
	Garage: _____ x _____ # of Stories: _____ # of cars _____
	Carport: _____ x _____ # of cars _____
	Deck: Front _____ x _____ Rear _____ x _____ Side _____ x _____
	Porch: Front _____ x _____ Rear _____ x _____ Side _____ x _____
<input type="checkbox"/> Stick Built <input type="checkbox"/> Modular (# sections) _____ <input type="checkbox"/> Singlewide Manufactured <input type="checkbox"/> Doublewide Manufactured <input type="checkbox"/> Abovegrd Swimming Pool <input type="checkbox"/> Ingrd Swimming Pool <input type="checkbox"/> Commercial Re-Roof  Water / Sewer <input type="checkbox"/> Public Water <input type="checkbox"/> Cistern <input type="checkbox"/> Public Sewer <input type="checkbox"/> Onsite Well <input type="checkbox"/> Onsite Septic <input type="checkbox"/> Community Well	<b>Exterior Features:</b>
	Foundation: Cinderblock _____ Concrete _____ Brick _____ Other _____
	Walls: Frame _____ Brick _____ Alum _____ Vinyl _____ Log _____ Stone _____ Cedar _____ Other _____
	Roof: Gable _____ Hip _____ Flat/Shed _____ Other _____
	Roofing: Asphalt _____ Metal _____ Other _____
	<b>Interior Features:</b>
	# of rooms _____ # of bedrooms _____ # of baths _____ # ½ baths _____
	Walls: Drywall _____ Paneled _____ Plaster _____ Ceiled _____ Other _____
	Floors: Wood _____ Carpet _____ Vinyl _____ Concrete _____ Tile _____
	Heat: Forced Air _____ Baseboard _____ Hot water _____ Floor Furnace _____ Wall Furnace _____ Space Heat _____ Heat Pump _____
	Fuel: Electric _____ Oil _____ Gas _____ Wood/Coal _____ None _____ A/C _____
	If manufactured home, type of skirting _____
<b>Est. Value of Construction Including Value of Materials &amp; Labor:\$</b> _____	

I hereby certify that I have the authority to make the foregoing application, that the information given is true and correct and that the construction will conform to the regulations in the Uniform Statewide Building Code.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Signature \_\_\_\_\_

**See Back of Form for Electrical, Mechanical, and Plumbing**

**Electrical Application:****Mechanical Permit Application:**

Company/Contractor Name:	Company/Contractor Name:
Address:	Address:
City:	City:
Phone:	Phone:
State License #: _____ Exp. Date / /	State License #: _____ Exp. Date / /

**Residential**       **Commercial**  
 New Service  Stick Built  Modular  Manufact.  
 Upgrade  Relocate  Repair  
 Interior wiring  Running off existing  
 Addition  Garage  Accessory Building  Pool  
 Utility Pole  Temp Const. Pole  Standby Gen.  
 Construction Trailer  Sewer pump  Sign  
 Alarm System  Alarm Test  
 Size of Service \_\_\_\_\_  
 Work Request # \_\_\_\_\_ (power co.)  
**Commercial Applicants**  
 # Motors \_\_\_\_\_ # Pull stations \_\_\_\_\_  
 Panelboards \_\_\_\_\_ Sub-panels \_\_\_\_\_  
 Receptacles \_\_\_\_\_ Lights \_\_\_\_\_  
 Switches \_\_\_\_\_ Pole Lights \_\_\_\_\_  
  
*Estimated Cost of Electrical Job:*  
 \$ \_\_\_\_\_

**Residential**       **Commercial**  
 New Structure  Existing Structure  
 Furnace --  Oil  Gas  AC only  
 Heat Pump/ AC Unit # of systems \_\_\_\_  
 Set Tank  Interior Gas Lines  Exterior Gas Lines  
 Gas Range  Gas Logs --  Vented  Un-vented  
 BTU's \_\_\_\_\_ Room Volume \_\_\_\_\_ cu ft  
 Chimney  Fireplace  Chairlifts  Elevators  
 Escalators  Sprinkler System  
 Hood System Test ----  Yes  No  
**Commercial Applicants**  
 # Furnaces \_\_\_\_\_ # Boilers \_\_\_\_\_ BTU's \_\_\_\_\_  
 Heat Pumps \_\_\_\_\_ Air Units \_\_\_\_\_  
 Sprinkler Heads \_\_\_\_\_ Fire Pumps \_\_\_\_\_  
 Walk-in Coolers \_\_\_\_\_  
  
*Estimated Cost of Mechanical Job:*  
 \$ \_\_\_\_\_

**Plumbing Permit Application:**

Company/Contractor Name:
Address:
City:
Phone:
State License #: _____ Exp. Date / /

**Residential**       **Commercial**  
 Install New Bath  Remodel  
 # of Full Baths \_\_\_\_\_ # of 1/2 Baths \_\_\_\_\_  
 Public Water/Sewer Utilities  
 Luray  Stanley  Shenandoah  
**Commercial Applicants**  
 # Fixtures \_\_\_\_\_ # Drains \_\_\_\_\_  
 # Traps \_\_\_\_\_ # Sewer Connections \_\_\_\_\_  
  
*Estimated Cost of Plumbing Job:*  
 \$ \_\_\_\_\_

<b>Office Use Only</b>	
Plans Review and Approved by:	
_____	
<b>Fees:</b>	
Building	_____
Electrical	_____
Mechanical	_____
Plumbing	_____
In Lieu of	_____
<b>Total Fees:</b>	\$ _____
Check # _____	Cash _____