

Building Permit Application

Property Location

E911 Address: _____
 Tax Map Number: _____
 What is currently on the property? _____
 Directions to Property: _____

Permit #: _____
Date Received: _____
Staff Initials: _____

Verified taxes paid _____

The applicant is the: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Agent for Owner/Lessee		Code Year: <input type="checkbox"/> 2015
Owner		General Contractor
Name: _____	Name: _____	
Mailing Address: _____	Mailing Address: _____	
Phone Number: _____	Phone Number: _____	
Email (Optional): _____	Email (Optional): _____	
	State Lic. #: _____	Exp Date: _____
Lessee if applicable		Mechanic's Lien Agent
Name: _____	Name: _____	
Mailing Address: _____	Mailing Address: _____	
Phone Number: _____	Phone Number: _____	

Description of work to be completed: _____		
		<input type="checkbox"/> Existing structure built prior to 1978
Intended Use: _____	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Change of Use from _____ to _____
<input type="checkbox"/> New Home <input type="checkbox"/> Addition <input type="checkbox"/> Accessory <input type="checkbox"/> Alteration <input type="checkbox"/> Remodel/Repair <input type="checkbox"/> Foundation Only <input type="checkbox"/> Masonry Chimney/Fireplace		
<input type="checkbox"/> Stick Built <input type="checkbox"/> Modular (# sections _____) <input type="checkbox"/> Singlewide <input type="checkbox"/> Doublewide <input type="checkbox"/> Above Ground Pool <input type="checkbox"/> In Ground Pool		
Water/Sewer: <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer <input type="checkbox"/> Onsite Well <input type="checkbox"/> Onsite Septic <input type="checkbox"/> Community Well <input type="checkbox"/> Cistern		

Dimensions of Structure: Length _____ x Width _____ Height _____		Total Square Footage: _____
No. of Stories: _____	Basement: _____ x _____ <input type="checkbox"/> Finished <input type="checkbox"/> CS only	Garage: _____ x _____ # of cars: _____
Decks: Front: _____ x _____ Rear: _____ x _____ Side: _____ x _____		Porches: Front: _____ x _____ Rear: _____ x _____ Side: _____ x _____

Exterior Features (New Construction)	Interior Features (New Construction)
Foundation: <input type="checkbox"/> Cinderblock <input type="checkbox"/> Concrete <input type="checkbox"/> Superior Walls <input type="checkbox"/> Other: _____	# of rooms: ___ Bedrooms: ___ Bathrooms: ___ ½ Baths: ___
Walls: <input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Alum <input type="checkbox"/> Vinyl <input type="checkbox"/> Log <input type="checkbox"/> Stone <input type="checkbox"/> Cedar <input type="checkbox"/> Other: _____	Walls: <input type="checkbox"/> Drywall <input type="checkbox"/> Paneled <input type="checkbox"/> Plaster <input type="checkbox"/> Other: _____
Roof: <input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Flat/Shed <input type="checkbox"/> Other: _____	Floors: <input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Concrete <input type="checkbox"/> Tile
Roofing Material: <input type="checkbox"/> Asphalt <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	Heat: <input type="checkbox"/> Forced Air <input type="checkbox"/> Baseboard <input type="checkbox"/> Hot Water <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Space Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Radiant Floor
Skirting (Manufactured Home): _____	Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Wood/Coal <input type="checkbox"/> None

Est Value of Construction (Materials & Labor): \$ _____

Electrical Permit		Work Request #: _____	
Contractor Name: _____		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Mailing Address: _____		<input type="checkbox"/> Stick Built	<input type="checkbox"/> Modular <input type="checkbox"/> Manufactured
Phone Number: _____		<input type="checkbox"/> New Home	<input type="checkbox"/> Addition <input type="checkbox"/> Garage <input type="checkbox"/> Accessory <input type="checkbox"/> Pool
Email (Optional): _____		<input type="checkbox"/> New Service	<input type="checkbox"/> Upgrade <input type="checkbox"/> Reconnect <input type="checkbox"/> Remodel/Repair
State Lic #: _____	Exp Date: _____	<input type="checkbox"/> Interior Wiring	<input type="checkbox"/> Utility Pole <input type="checkbox"/> Temp. Pole <input type="checkbox"/> Sign
Size of Service: _____ amps		<input type="checkbox"/> Standby Generator	<input type="checkbox"/> Constr. Trailer <input type="checkbox"/> Sub-Panel (# _____)
<i>Commercial Applicants Only</i>		<input type="checkbox"/> Alarm System # _____	<input type="checkbox"/> Pull Stations <input type="checkbox"/> Alarm Test <input type="checkbox"/> Sewer Pump
Motors: _____	Sub-Panels: _____	<input type="checkbox"/> Solar (# of panels _____)	<input type="checkbox"/> Battery Back Up
Panelboards: _____	Receptacles: _____	Est Value of Work (Materials & Labor): \$ _____	
Lights: _____	Switches: _____	Pole Lights: _____	

Mechanical Permit		Load calculations required on new installs prior to inspection	
DUCT TESTING MANDATORY ON ALL NEW INSTALLS (see 2015 VRC for exception)			
Contractor Name: _____		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Mailing Address: _____		<input type="checkbox"/> Stick Built	<input type="checkbox"/> Modular <input type="checkbox"/> Manufactured
Phone Number: _____		<input type="checkbox"/> New Home	<input type="checkbox"/> Addition <input type="checkbox"/> Garage <input type="checkbox"/> Accessory
Email (Optional): _____		Non-Fuel Fired System:	
State Lic #: _____	Exp Date: _____	<input type="checkbox"/> Heat Pump/AC Unit (# units _____)	<input type="checkbox"/> Ductwork <input type="checkbox"/> Load calc. prov
<i>Commercial Applicants Only</i>		<input type="checkbox"/> Mini-Split System -- Condensers # _____ Evaporators # _____	
<input type="checkbox"/> Hood System <input type="checkbox"/> Hood Test	<input type="checkbox"/> Roof Top H/C Unit (# _____)	Fuel Fired System:	
<input type="checkbox"/> Sprinkler System # Heads: _____	Storage Tank: <input type="checkbox"/> Install (# _____)	Appliances # _____ <input type="checkbox"/> Tank <input type="checkbox"/> Exterior Line <input type="checkbox"/> Interior Line	
<input type="checkbox"/> Standpipe - <input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Remove (# _____)	Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood	
<input type="checkbox"/> Fire Pump <input type="checkbox"/> Test	<input type="checkbox"/> Duct Heater (# _____)	<input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Boiler - BTUs _____	
Elevators: _____	Freight Lift: _____	<input type="checkbox"/> Chimney/Fireplace (gas vent non-masonry) <input type="checkbox"/> Chimney Liner/Relining	
Chair Lift: _____	Escalator: _____	Est Value of Work (Materials & Labor): \$ _____	
Dumbwaiter: _____	Hoist Way: _____	Man Lift: _____	
Conveyor: _____			

Plumbing Permit			
Contractor Name: _____		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Mailing Address: _____		<input type="checkbox"/> Stick Built	<input type="checkbox"/> Modular/Manufactured Tie-In
Phone Number: _____		<input type="checkbox"/> New Home	<input type="checkbox"/> Addition <input type="checkbox"/> Garage <input type="checkbox"/> Accessory
Email (Optional): _____		<input type="checkbox"/> New Plumbing	<input type="checkbox"/> Remodel # of Plumbed Rooms _____
State Lic #: _____	Exp Date: _____	<input type="checkbox"/> Basement/Garage Rough-In	<input type="checkbox"/> Groundworks Only
<i>Commercial Applicants Only</i>		<input type="checkbox"/> Town Water/Sewer Connection (Town of _____)	
# Fixtures: _____	# Drains: _____	Est Value of Work (Materials & Labor): \$ _____	
# Traps: _____	# Sewer Conn: _____		

Office Use Only	Calculations:
Plans Reviewed and Approved By: _____	<p>I, _____, hereby certify that the proposed structure is not under or close to any power lines. I understand that this is my responsibility as the owner or applicant and any costs associated to negligence will be my responsibility. ** If you have questions or are uncertain of location of overhead or underground power lines, please contact SVEC at 1-800-234-7832. **</p>
Fees:	
Review _____	
Building _____	
Electrical _____	
Mechanical _____	
Plumbing _____	
Penalty _____	
In Lieu Of _____	
Total Fees: \$ _____	
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> DC <input type="checkbox"/> CC	

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 Name (Printed)

Applicant's Signature

Date