

APPLICATION FOR BUILDING PERMIT

Department of Building & Code Enforcement / Shenandoah County, Virginia
600 North Main Street Suite 107 Woodstock, Va. 22664 Phone 540-459-6185 Fax 540-459-6193

PERMITS APPLYING FOR Building Electric Plumbing Heat/AC Gas
 Zoning Fire Demo Foundation Other _____

(1) Owner: _____ (2) Phone: _____

(3) Mailing Address: _____

(4) Location of Job Site: _____

Directions from Woodstock: _____

(5) Tax Map #: _____ (6) District: _____ (7) Located In: Town County

(8) Subdivision: _____ (9) Section: _____ (10) Lot: _____ (11) Parcel Size: _____

(12) Previous Owner (If Purchased in the Last 2 Years): _____

(13) Purpose of Permit: New Building Addition Remodel Other _____

(14) Use of Proposed Structure or Building: _____

(15) Size of Proposed Structure or Building: _____ Square Feet (16) Height of Proposed Structure or Building: _____ Feet.

(17) No. of Existing Dwellings on Parcel: _____ (18) No. of other Structures on Parcel: _____

(19) Distance Proposed Structure or Building from Property Lines: Front _____ R Side _____ L Side _____ Rear _____

Commercial Single Family Dwelling Mobile Home Modular
 Townhouse Two-Family Dwelling Condominium Other

Description of Work: _____

<u>Cost of Improvement</u>	<u>Type of Construction</u>	<u>Type of Sewage Disposal</u>	<u>Size of Structure</u>
Building: \$ _____ Electric: _____ Plumbing: _____ Heat/AC: _____ Other: _____ Total: \$ _____	_____ _____ _____ <u>Type of Heat/AC</u> _____ _____	<input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Septic _____ Ft. From Structure <u>Type of Water Supply</u> <input type="checkbox"/> Public Water <input type="checkbox"/> Private Well <input type="checkbox"/> Other _____	Total Square Feet of Floor Area, All Floors Including Basement _____ _____ Sq. Ft. Porches/Decks: _____ Garages: _____ Other: _____

Foundation: Slab on Grade Crawlspace Finished basement Unfinished Basement

Model Name: _____	Garage Spaces _____ <input type="checkbox"/> Attached <input type="checkbox"/> Detached	# Stories _____	# Bedrooms _____	# Full Baths _____	# Half Baths _____
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Contractor : _____ Phone #: _____ Fax #: _____

Mailing Address: _____

Virginia Contractor License No.: _____ Class: A B C County License

Mechanic's Lien Agent: _____ None Designated

I Certify the Above Information is True and Correct.

Applicant Signature: _____ Phone #: _____ Owner Lessee

Contractor

Print Name: _____ Date: _____ Agent

Architect/Engineer