

**COMMERCIAL BUILDING/ZONING PERMIT APPLICATION**

Building Department 100 East Main Street  
 Christiansburg, Virginia 24073  
 Phone:540-382-6120 / Fax:540-381-7238

Permit #:

Date:

Owner  Tenant   
 Contractor  Owner Agent   
 RDP

**Applicant complete the boxes 1-16 then sign at box 17****Affidavit Attached** 

1	Applicant Name:		
2	Mailing Address:	City/State/Zip:	
3	Phone:	Fax:	E-mail:
4	Contractor's License #:	Class:	Expires:
5	Owner Name:	Owner Address:	
6	Phone:	E-mail:	
7	Location of Construction:		
8	For Renovations or Remodel work: Was the structure built prior to January 1 1985? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Asbestos survey must be submitted at the time of application.		
9	Building Type: Business <input type="checkbox"/> Apartment <input type="checkbox"/> Industrial <input type="checkbox"/> Public <input type="checkbox"/> Educational <input type="checkbox"/> Other <input type="checkbox"/>		
10	Work Classification: New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant Upfit <input type="checkbox"/> Other <input type="checkbox"/>		
11	Use Group:	Type of Construction:	Mixed Use Groups? Yes <input type="checkbox"/> No <input type="checkbox"/> Code Edition:
12	Sprinkler System: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sprinkler System Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
13	Special Inspections Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, the statement of special inspections shall be submitted prior to permit approval.	
14	Total Square Footage:	Stories:	# of Units:
15	Total Construction Cost:	Does this include trade related work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
16	Description:		

**Staff Use only: Planning/Zoning**

Zoning:	Parcel ID:	Map ID:	Site Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>
Subdivision:	Lot #:		Section:
Front:	Rear:	Left:	Right:
Height:			

Remarks:

17	Applicant Name (Print):
Signature:	Date:

The forgoing application has been approved/disapproved and this permit granted subject to all regulations pertaining to the same.

Building Official:

Date:

Permit Fee:	I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, AND THAT THE INFORMATION GIVEN IS CORRECT, AND THAT ALL CONSTRUCTION WILL COMPLY WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND APPLICABLE ORDINANCES. THE PERMIT HOLDER IS THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE VUSBC AND OTHER ORDINANCES. I FURTHER UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING ALL REQUIRED INSPECTIONS ARE REQUESTED AND PERFORMED.
State Surcharge:	
Water Fee:	
Sewer Fee:	
Total Fee:	

Final:	Inspector:	Date:
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VERSION 82417

**\*\*\*ALL PERMITS FOR NEW BUILDINGS OR STRUCTURES SHALL HAVE A SETBACK INSPECTION PRIOR TO REQUESTING THE FOOTING INSPECTION. IT IS THE APPLICANTS RESPONSIBILITY TO ENSURE THE SETBACKS ARE APPROVED NO EXCEPTIONS. \*\*\***