

**PERMIT IS TO BE DISPLAYED ON THE JOB SITE. A FINAL INSPECTION IS REQUIRED**

**THE TOWN OF CHRISTIANBURG  
(540) 382-6128**

Permit: \_\_\_\_\_

Planning Zoning: \_\_\_\_\_

DATE: \_\_\_\_\_

Engineering: \_\_\_\_\_

Building Dept.: \_\_\_\_\_

APPLICATION FOR: \_\_\_\_\_ /ZONING PERMIT

Phone Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Owner of Building: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Building Code used: CABO:  BOCA:  Edition: \_\_\_\_\_ CUP/Variance: \_\_\_\_\_ Tax Parcel: \_\_\_\_\_

Has Been Surveyed:  Surveyor: \_\_\_\_\_ Plat Attached: \_\_\_\_\_

Location of Construction: \_\_\_\_\_ Zoning: \_\_\_\_\_  
(Street Address)

Subdivision: \_\_\_\_\_ LotNo: \_\_\_\_\_ Section: \_\_\_\_\_ Off Street Parking: \_\_\_\_\_

Type of Construction:  Single Family  Duplex  Townhouse  Apartment  Business  Industrial  Public  
 New  Addition  Repair  Remodel  Storage Building  Other

Description: \_\_\_\_\_

Project Information: Site Plan: \_\_\_\_\_ Construction Cost: \_\_\_\_\_ Type of Heat: \_\_\_\_\_

Setbacks: Front: \_\_\_\_\_ Right Side: \_\_\_\_\_ Left Side: \_\_\_\_\_ Rear: \_\_\_\_\_ Height of Building: \_\_\_\_\_

Material in: Foundation Walls: \_\_\_\_\_ Outside Walls: \_\_\_\_\_ Roof: \_\_\_\_\_

Floors:  Hardwood  Carpet  Ceramic Tile  Vinyl

Number of: Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Fireplaces: \_\_\_\_\_ Kitchen Sinks: \_\_\_\_\_

Size of Basement (Finished) \_\_\_\_\_ Square Footage \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Size of Basement (Unfinished) \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Size of 1st Floor: \_\_\_\_\_ Total Paid: (Y/N) \_\_\_\_\_

Size of 2nd Floor: \_\_\_\_\_ Water Fee: \_\_\_\_\_

Size of Carport/ Garage: \_\_\_\_\_ Sewer Fee: \_\_\_\_\_

Size of Deck/Storage: \_\_\_\_\_ Total Paid: (Y/N) \_\_\_\_\_

Total: \_\_\_\_\_

Applicant Desires the Following Utilities:

Water Size Line: \_\_\_\_\_  Sewer Size Line: \_\_\_\_\_  Septic  Sprinkler System Size Line: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Virginia Contractors License: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The undersigned owner/agent hereby applies for a Permit as stated above and certifies that he/she is duly authorized by the Owner to make such application; and further certifies that all Building, Zoning, Soil Erosion Sedimentation Control restrictions and regulations pertaining to the same will be met. It shall be the responsibility of the undersigned to notify the Building Official to make or cause to be made any necessary inspections. The attached forms are hereby made part of the permit application:

Affidavit: \_\_\_\_\_ Mechanic's Lien: \_\_\_\_\_ E S: \_\_\_\_\_ Septic Tank (Permit Attached): \_\_\_\_\_

(Where Town Sewer not available)

Signature of Owner/ Agent: \_\_\_\_\_  
(Signature)

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

Town Manager: \_\_\_\_\_ Date: \_\_\_\_\_ Building Official: \_\_\_\_\_

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File/ (Owner/Contractor)/ Final (Circle One Final Inspection By: \_\_\_\_\_ Date: \_\_\_\_\_