



**TOWN OF CHRISTIANSBURG**  
**TRADE PERMIT APPLICATION**

**Permit#:**

**Date:**

Residential

Commercial

Framing     Electrical     Mechanical     Plumbing     Insulation     Cross Connection

**Property Address:** \_\_\_\_\_ **(Staff) Parcel ID:** \_\_\_\_\_

<b>CONTRACTOR</b>	Virginia Contractors License #:	Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Expiration Date:	
	Master Tradesman License #:	Expiration Date:		
	Name:	Company:		
	Email:	Phone:		
	Address:			
	City:	State:	Zip:	

<b>OWNER</b>	Name:	Address:		
	City:	Zip:	State:	
	Phone:	Email:		

Work Classification:     New     Repair     Remodel     Addition     Other

Cost of Construction: \$ \_\_\_\_\_ Code Edition: \_\_\_\_\_

Description of work:  
\_\_\_\_\_  
\_\_\_\_\_

*BY SIGNING BELOW, I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT THE COST OF CONSTRUCTION LISTED ABOVE INCLUDES LABOR AND MATERIALS, 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. **THE PERMIT HOLDER IS RESPONSIBLE TO NOTIFY THE BUILDING DEPARTMENT WHEN CONSTRUCTION REACHES A STAGE OF COMPLETION THAT REQUIRES AN INSPECTION PER SECTION 113.1.2 OF THE USBC.***

	Printed Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Agent		
	Applicant Signature:			Date:

<b>Staff</b>	Permit Fee:	\$	
	State Surcharge:	\$	
	Total Fee:	\$	

<b>Staff</b>	The forgoing application has been <u>APPROVED</u> and this permit granted subject to all regulations pertaining to the same.		
	Building Official:	Date:	