

## RESIDENTIAL 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 $\square$	Owner Agent $\square$
RDP □	

TANS										RDP	Ш	
		Zoning	:		Eng	ineering:				Comb	ination Permit: □	
Applicant Name	::											
Mailing Address:					City/State/Zip:							
Phone:			Fax:				E-mail:					
Contractor's License #:					Class:				Expires:			
Owner Name:					Own	er Address:						
Phone:					E-mail:							
Location of Construction:												
Building Type: Single Family ☐ Townhouse ☐ Duplex ☐ Accessory Structure ☐ Other ☐												
Work Classification: New □ Addition □ Repair □ Remodel □ Other □												
Code Edition:	(	Construction Cost: Trade related work included: Yes 🗆 1								luded: Yes □ No □		
Description:												
Total Square Footage: Height:					# Bedrooms:							
Basement Finished:			Garage Attached:				# Full Baths:					
Basement Unfinished:			Garage Detached:				# Half Baths:					
1 <sup>st</sup> Floor:	D	Deck(s):				# Stories:						
2 <sup>nd</sup> Floor:	Р	Porch(s):				Heat Source: Gas □ Electric □ Other □						
3 <sup>rd</sup> Floor: Habitable Attic:				Attic:	Uninhabitable			e Attic:				
Total Area of Land Disturbed:							Mechanics Lien Agent Information					
Name:						Phone Number:						
Address(City/State/Zip):							None Designated: □					
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												
Name (Print):												
Signature:						Date:						
-	_			Z	ONIN	G						
Parcel ID:			Map I			ap ID:				Site Plan:	Yes □ No □	
n:			Lot #:					Section		n:		
I	Rear:		Left:			Right:		Не	leight:			
Permit Fee: State Surcharge: Water Fee: Sewer Fee:												
										wer ree:		
The forgoing application has been approved/disapproved and this permit granted subject to all regulations pertaining to the same.												
Building Official: Date:												
				Final	Inspe	ection						
Inspector: Date:												
	Applicant Name Mailing Address Phone: Contractor's Lic Owner Name: Phone: Location of Con Building Type: Work Classificat Code Edition: Description: Total Square Fo Basement Unfin 1st Floor: 2nd Floor: 3rd Floor: Total Area of La Name: Address(City/State Properties of Contraction With The Responsible Properties of Contraction of Contraction Contraction of Contraction Contr	Applicant Name:  Mailing Address:  Phone:  Contractor's License #:  Owner Name:  Phone:  Location of Construction:  Building Type: Single Family  Work Classification: New   Code Edition:  Description:  Total Square Footage:  Basement Finished:  Basement Unfinished:  1st Floor:  2nd Floor:  3rd Floor:  Total Area of Land Disturbed  Name:  Address(City/State/Zip):  ERTIFY THAT I HAVE THE AUTHORISMONSTRUCTION WILL COMPLY WITHE RESPONSIBLE PARTY FOR COMPLETE FOR ENSURING ALL REQUIRES  Name (Print):  Signature:  Parcel  n:  Rear:  e: State Surchar  efficial:	Applicant Name:  Mailing Address: Phone:  Contractor's License #:  Owner Name:  Phone:  Location of Construction:  Building Type: Single Family  Twork Classification: New Additional Addit	Applicant Name:  Mailing Address: Phone:  Contractor's License #:  Owner Name: Phone:  Location of Construction:  Building Type: Single Family  Townhouse Work Classification: New  Addition Recode Edition:  Code Edition: Construction Cost  Description:  Total Square Footage: Height Basement Finished: Garage Att Basement Unfinished: Garage Deck(s):  2nd Floor: Deck(s): 3rd Floor: Porch(s): 3rd Floor: Habitable Address(City/State/Zip):  ERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE CONSTRUCTION WILL COMPLY WITH THE VIRGINIA THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE FOR ENSURING ALL REQUIRED INSPECTIONS ARE NAME (Print):  Signature:  Parcel ID:  n:  Rear: Left:  e:: State Surcharge: :	Applicant Name:  Mailing Address:  Phone:  Contractor's License #:  Owner Name:  Phone:  Location of Construction:  Building Type: Single Family   Townhouse   Dure Work Classification: New   Addition   Repair    Code Edition:   Construction Cost:  Description:  Total Square Footage:   Height:  Basement Finished:   Garage Attached:  Basement Unfinished:   Garage Detached:  1st Floor:   Deck(s):  2nd Floor:   Porch(s):  3rd Floor:   Habitable Attic:  Total Area of Land Disturbed:  Name:  Address(City/State/Zip):  ERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGO:  CONSTRUCTION WILL COMPLY WITH THE VIRGINIA UNIFORM THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE VUSBILE FOR ENSURING ALL REQUIRED INSPECTIONS ARE REQUES  Name (Print):  Signature:   Verification	Applicant Name:  Mailing Address:  Phone:  Contractor's License #:  Owner Name:  Owner Name:  Cotation of Construction:  Building Type: Single Family   Townhouse   Duplex   Work Classification: New   Addition   Repair   Remover Name:  Code Edition:  Construction Cost:  Description:  Total Square Footage:  Basement Unfinished:  Garage Attached:  Basement Unfinished:  Garage Detached:  1st Floor:  2nd Floor:  Porch(s):  3rd Floor:  Total Area of Land Disturbed:  Name:  Address(City/State/Zip):  ERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING ALTONSTRUCTION WILL COMPLY WITH THE VIRGINIA UNIFORM STATE THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE VUSBC AND SIZE FOR ENSURING ALL REQUIRED INSPECTIONS ARE REQUESTED AND Name (Print):  Signature:  Parcel ID:  Rear:  Left:  FEES  State Surcharge:  Water Fees  Water Fees  Water Fees  Building O  ng application has been approved/disapproved and this permifficial:  Final Insperiments	Applicant Name:  Mailing Address:   City/State Phone:   Fax:   Class:  Cowner Name:   Owner Address:   City/State Phone:   E-mail:    Cowner Name:   Owner Address:   Owner Address:    Phone:   E-mail:    Location of Construction:   Building Type: Single Family   Townhouse   Duplex   Accessor    Work Classification: New   Addition   Repair   Remodel   Other Code Edition:   Construction Cost:    Description:   Construction Cost:    Description:   Description:    Total Square Footage:   Height:   Sasement Unfinished:   Garage Detached:    Basement Unfinished:   Garage Detached:   Sasement Unfinished:   Garage Detached:    Basement Unfinished:   Garage Detached:   Sasement Unfinished:   Garage Detached:   Sasement Unfinished:   S	Applicant Name:  Mailing Address:   City/State/Zip: Phone:   Fax:   Class:  Contractor's License #:   Class:  Owner Name:   Owner Address:  Phone:   E-mail:    Location of Construction:  Building Type: Single Family   Townhouse   Duplex   Accessory Stru Work Classification: New   Addition   Repair   Remodel   Other    Code Edition:   Construction Cost:  Description:   Height:   # 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