



**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

Staff Use: Zoning: \_\_\_\_\_ Engineering: \_\_\_\_\_ Combination Permit

Applicant

Applicant Name:					
Mailing Address:			City/State/Zip:		
Phone:		Fax:		E-mail:	
Contractor's License #:			Class:		Expires:
Owner Name:			Owner Address:		
Phone:			E-mail:		
Location of Construction:					
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"/>					
Work Classification: New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant Up fit <input type="checkbox"/> Other <input type="checkbox"/>					
Total Sq. Feet:		# Stories:	# of Units:	Height:	Flood Zone: Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Construction Cost:				Does cost include trade(s) work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of Work (To Include Total Area of Land Disturbed):					

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.

Applicant	Name (Print):		
Applicant	Signature:	Date:	

**BUILDING**

Staff	Use Group(s):	Type of Construction:	Sprinkler System: Yes <input type="checkbox"/> No <input type="checkbox"/>	Code Edition:
Staff	Was structure built prior to January 1, 1985? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, Asbestos Survey Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**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:				

**PERMIT FEES**

Permit Fee:	State Surcharge:	Water Fee:	Sewer Fee:
Other Fee:	Total Fee(s):		

**BUILDING OFFICIAL**

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

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL INSPECTION**

Final:	Inspector:	Date:
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VERSION 2020-429(1)

**\*\*\*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. \*\*\***