



# BUILDING PERMIT APPLICATION

BUILDING INSPECTION, PO BOX 40,  
9800 GOVERNMENT CENTER PARKWAY  
CHESTERFIELD VA 23832

Phone: 804-748-1057; Fax: 804-751-4713;  
[www.chesterfield.gov/bj](http://www.chesterfield.gov/bj); Voice Permits IVR System: 804-751-4444

PERMIT #:

ASSOCIATED PERMIT #:

<b>WORK DESCRIPTION</b>	What type of work is to be performed (please circle):    RESIDENTIAL    COMMERCIAL		
	If a garage is included, what type (please circle):    ATTACHED    DETACHED    NONE		
	What type of property improvement will be made (please describe):		
<b>ID</b>	CONTRACTOR NAME		CONTRACTOR ID #:
<b>AGENTS</b>	ARCHITECT NAME/ADDRESS (COMMERCIAL ONLY):	ARCHITECT ID #:	PHONE #:
	DEVELOPER NAME/ADDRESS (COMMERCIAL ONLY):	DEVELOPER ID:	PHONE #:
	CERTIFIED RESPONSIBLE LAND DISTURBER (CRLD)-RESIDENTIAL SINGLE FAMILY ONLY:	CRLD CERTIFICATE #:	CRLD CERTIFICATE EXP DATE:
	MECHANICS LIEN AGENT-RESIDENTIAL SINGLE FAMILY ONLY:	MECHANICS LIEN ID#:	
<b>CONTACT</b>	TECHNICAL PROJECT COORDINATOR:		COORDINATOR PHONE #:
	If you would like for us to contact your technical project coordinator by e-mail, please include the e-mail address:	E-MAIL ADDRESS:	
<b>OWNER</b>	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME):		OWNER PHONE #:
	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME AS JOB LOCATION):		
<b>JOB INFORMATION</b>	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET NAME/STREET TYPE OR SUBDIVISION)		SECTION:
			LOT:
	IF APPLICABLE, WHAT IS THE SHOPPING CENTER NAME OR BUILDING NAME OR TENANT UPFIT NAME?		
	What is the estimated cost of STRUCTURAL WORK ONLY (materials and labor)? Do not include the cost of plumbing, mechanical, electrical or other auxiliary work in this estimate:		EST. COST OF CONSTRUCTION
		\$	
MASTER PLAN PROGRAM: Contractors who build the same home plan more than once can save time by registering their plan in the Master Plan Program. Once established, review of future submissions of this house plan will be expedited for a quicker turnaround time. For more information, please let us know.		MASTER PLAN #:	
(COMMERCIAL ONLY) PLEASE CIRCLE PAYMENT OPTION, IF APPLICABLE:		IDT # FOR DEFERRED PAYMENT (SCHOOL BOARD/UTILITIES ONLY):	
ENTERPRISE ZONE                      COUNTY PROJECT			

<b>WATER</b>	Please circle the type of water supply to this property:    COUNTY WATER                  WELL		
	Please circle the type of disposal used by this property:    COUNTY SEWER                  SEPTIC		
	If you circled SEPTIC, is there plumbing in the basement of the structure?    YES    NO		
<b>STRUCTURAL</b>	<b>RESIDENTIAL ONLY</b>		
	BUILDING HEIGHT (AVG ROOF HEIGHT FROM GRADE:	HOW MANY KITCHENS? (SINK & 1 MAJOR APPLIANCE = 1 KITCHEN:	# OF STORIES (EXCLUDING BASEMENT):
<b>APPLICANT</b>	APPLICANT NAME (PLEASE PRINT		
	REPRESENTING (NAME OF COMPANY)		
	APPLICANT SIGNATURE:		DATE:
<b>OWNER AFFIDAVIT</b>	<b>Complete this section only if you are an OWNER doing your own work, and are not subject to licensure as a contractor or subcontractor.</b>		
	If you are an owner and intend to do the work or subcontract the work out, an Owner Affidavit is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing the Owner Affidavit, and in turn obtaining the permit in your name names you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes. This Owner Affidavit must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with the Section 54.1-1111 of the Code of Virginia. (Note: Lessees are owners per state law.)		
	I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER'S SIGNATURE:	DATE:	PLEASE PRINT OWNER NAME LEGIBLY
	I, as a WITNESS, saw the owner of this property affix his signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the state of Virginia.		
WITNESS SIGNATURE:	DATE:	PLEASE PRINT WITNESS' NAME LEGIBLY	
<b>OFFICE USE ONLY</b>	BUILDING PERMIT FEE:		11/7/2006 4:52 PM
	ENVIRONMENTAL ENGINEERING FEE:		
	PLANNING DEPARTMENT FEE:		
	ASSOCIATED CREDIT CARD FEE:		
	ADMINISTRATIVE FEE:		
	STATE LEVY:		
	TOTAL PERMIT FEE		
	CASHIER:	DATE:	