

**INSTRUCTIONS:
DO NOT
DETACH THIS STUB**

**COMPLETE ALL ITEMS ON THIS SIDE OF FORM
NOTE: FAILURE TO FOLLOW THESE INSTRUCTIONS
WILL VOID APPLICATION.**



DEPARTMENT OF COMMUNITY DEVELOPMENT
BUREAU OF PERMITS AND INSPECTION
ROOM 110 CITY HALL
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RICHMOND, VIRGINIA 23219
PHONE (804) 646-6955
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**BUILDING
PERMIT/CERTIFICATE
APPLICATION**

PERMIT NO.
B

TRACK 1	TRACK 2

**THIS IS AN APPLICATION ONLY. IT IS NOT AUTHORIZATION TO START ANY WORK.
NO WORK SHALL START UNTIL A PERMIT IS POSTED ON THE JOB SITE.**

CONTRACTOR/OWNER INFORMATION	1 JOB/PROPERTY ADDRESS (STREET & NUMBER)						2 FLOOR/ROOM NO.	
	3 CONTRACTOR NAME			4 LICENSE TYPE		5 CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	6 STATE LICENSE NO.	
	7 CONTRACTOR STREET ADDRESS						8 CONTRACTOR TELEPHONE NO.	
BUILDING INFORMATION	9 CITY			STATE		ZIP CODE		10 CONTRACTOR FAX NO.
	11 PROPERTY OWNER NAME			12 PROPERTY OWNER ADDRESS/ZIP			13 OWNER DAYTIME TELEPHONE NO.	
	14 DESCRIBE CURRENT STRUCTURE USE				15 DESCRIBE PROPOSED STRUCTURE USE			
OFFICE USE ONLY	16 NEW ACCESSORY BLDG. ACC <input type="checkbox"/>	17 ADDITION ADD <input type="checkbox"/>	18 RESIDENTIAL GARAGE AD1 <input type="checkbox"/>	19 RESIDENTIAL DECK AD2 <input type="checkbox"/>	20 OPEN PORCH AD3 <input type="checkbox"/>	21 ENCLOSED PORCH AD4 <input type="checkbox"/>	22 ALTER/REMODEL LIGHT AL1 <input type="checkbox"/>	
	23 ALTER/REMODEL HEAVY AL2 <input type="checkbox"/>	24 DEMOLITION DEM <input type="checkbox"/>	25 TENANT FITUP FUP <input type="checkbox"/>	26 FOUNDATION ONLY FOU <input type="checkbox"/>	27 NEW BUILDING NB <input type="checkbox"/>	28 MOVING/RELOCATION REL <input type="checkbox"/>	29 REPAIR/REPLACEMENT REP <input type="checkbox"/>	
	30 IF 1 OR 2 FAMILY <input checked="" type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY		ATTACHED <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY		DETACHED <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY		31 IF MULTIFAMILY, NUMBER OF UNITS PER STRUCTURE <input checked="" type="checkbox"/>	32 CHECK ONE (IF APPLICABLE) <input type="checkbox"/> 1. LODGING HOUSE <input type="checkbox"/> 3. ADULT CARE RESIDENCE <input type="checkbox"/> 2. NURSING HOME
CONSTRUCTION COST	INSTRUCTIONS: ENTER APPROPRIATE AMOUNTS FOR A, B, C, D, E & F. TOTAL B, C, D, E & F SUBTRACT THIS TOTAL FROM A TO OBTAIN G. COSTS ARE TO INCLUDE MATERIAL, LABOR, SUBCONTRACTS OVERHEAD & PROFIT.	A. TOTAL CONST. COST OF ENTIRE JOB	\$	C. MECH. COST	\$	E. SPRINKLER COST	\$	G. TOTAL CONSTRUCTION COST LESS TRADE PERMITS
	B. ELEC. COST	\$	D. PLUMB. COST	\$	F. ELEVATOR COST	\$	\$	
WORK DESCRIPTION	34 DESCRIBE SCOPE OF WORK							
	35 LIEN AGENT NAME						36 PHONE NO.	
	37 ADDRESS						ZIP CODE	
LIEN INFORMATION	38 CONTACT PERSON			39 CONTACT PHONE NO.		40 CONTACT FAX NO.		
	41 CONTACT ADDRESS			ZIP CODE		42 EMAIL		
	43 DO YOU WANT TO BE CALLED TO PICK UP PERMIT WHEN ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO			NAME		PHONE NO.		
CONTACT INFORMATION	44 ENGINEER/ARCHITECT NAME			45 ENGINEER/ARCHITECT PHONE NO.	46 ENGINEER/ARCHITECT FAX NO.	47 EMAIL		
	48 ROOF TYPE 1 (SEE BACK FOR LIST)		49 NO. OF SQUARES	50 ROOF TYPE 2 (SEE BACK FOR LIST)		51 NO. OF SQUARES		
	NOT REQUIRED FOR 1 & 2 FAMILY <input checked="" type="checkbox"/>	52 AUTOMATIC SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO		53 FIRE ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO				
LOT & BUILDING SIZE	54 BUILDING FINISHED AREA NEW OR ADDITION (SQ. FT.)	55 BUILDING UNFINISHED AREA NEW OR ADDITION (SQ. FT.)	56 GARAGE AREA (SQ. FT.)	57 OPEN PORCH AREA (SQ. FT.)	58 ENCLOSED PORCH AREA (SQ. FT.)			
	59 DECK AREA (SQ. FT.)	60 BUILDING AREA EXISTING (SQ. FT.) (PER FLOOR)	61 TOTAL AREA AT COMPLETION (SQ. FT.) (PER FLOOR)		62 TOTAL BUILDING HEIGHT	63 NUMBER OF FLOORS		
	64 NO. OF ON SITE PARKING SPACES (STREET SPACES DO NOT COUNT)		65 NO. OF SPACES AT ANOTHER LOCATION		66 LOCATION			
PARKING	67 MAXIMUM NO. OF COMPANY OWNED VEHICLES PER SHIFT		68 NO. OF EMPLOYEES PER SHIFT	69 IF SECOND LOCATION IS UNDER DIFFERENT OWNERSHIP ATTACH COPY OF CURRENT LEASE.		LEASE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	70 WILL THERE BE A <input type="checkbox"/> NEW CURB <input type="checkbox"/> RELOCATED CURB <input type="checkbox"/> DRIVEWAY	71 WILL THERE BE ANY SITE GRADING OR LAND DISTURBING ACTIVITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		72 TOTAL AREA TO BE DISTURBED (SQ. FT.)	73 IS SURVEY OR SITE PLAN ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	A _____ (NAME OF APPLICANT)			B CERTIFY THAT THE BUILDING AT _____ (ADDRESSES, FLOOR OR SUITE)				
ASBESTOS CERTIFICATION	HAS BEEN INSPECTED OR MEETS THE EXCEPTIONS OF SECTION 110.1.3, THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE. THE ASBESTOS ABATEMENT WILL BE DONE AS PER REQUIREMENT OF THE "CLEAN AIR ACT" NATIONAL EMISSION STANDARD FOR THE HAZARDOUS AIR POLLUTANT (NESHAPS) AND OSHA "STANDARDS FOR CONSTRUCTION WORKERS".							
	C SIGNATURE _____							
	HISTORICAL DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO		VIOLATION ON PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO		TAX REHAB. NO.		BOCA TYPE OF CONSTRUCTION	
DELINQUENT TAXES DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO			AMOUNT OWED \$		DATE PAID			
EXISTING USE GROUP	PROPOSED USE GROUP	FEE CALC. TYPE <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> C	PERMIT FEE	FEE RECEIVED	RECEIPT NO. <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD			
IS PROPERTY IN 100 YR FLOOD PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOOD ELEV.	SITE ELEV.	CHESAPEAKE BAY PROTECTION AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHESAPEAKE BAY MANAGEMENT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
APPLICATION APPROVED BY _____ DATE _____			APPLICATION DISAPPROVED BY _____ DATE _____					

A COPY OF YOUR STATE CONTRACTOR'S LICENSE AND BUSINESS LICENSE MUST BE ON FILE BEFORE A PERMIT WILL BE ISSUED.

BY SUBMITTING THIS APPLICATION, I CERTIFY I AM IN COMPLIANCE WITH THE CODE OF VIRGINIA, SECTION 54.1-1100 ET SEQ; RULES AND REGULATIONS OF THE VIRGINIA BOARD OF CONTRACTORS AND CHAPTER 5, CODE OF THE CITY OF RICHMOND.

FEE SCHEDULE • BASED ON VALUE OF CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.

VALUE OF WORK INCLUDES LABOR, MATERIALS, SUBCONTRACTS, OVERHEAD AND PROFIT. THE FEE IS BASED ON CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.	RESIDENTIAL ONLY - 1 & 2 FAMILY		COMMERCIAL ONLY	
	VALUE OF WORK	PERMIT FEE	VALUE OF WORK	PERMIT FEE
	\$0 - \$2000 OVER \$2000	\$50.88 \$50.875*	\$0 - \$2000 OVER \$2000	\$101.75 \$101.75*

*Add \$5.0875 per thousand or fraction thereof for residential construction.
*Add \$7.1225 per thousand or fraction thereof for commercial construction.

USE GROUP CODES	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
	A1A	THEATER/STAGE	B4	CAR WASH	H3	HIGH HAZARD	NU	NO USE SANCTIONED VACANT STRUCTURE
	A1B	THEATER NO STAGE	B5	FIRE STATION	H4	HIGH HAZARD	R1M	MOTEL
	A2A	NIGHTCLUB	B6	FUNERAL HOME	H5	HIGH HAZARD	R2A	DORMITORIES
	A2B	RESTAURANT EAT IN	B7	LAUNDRY	I1	GROUP HOMES 6 OR MORE	R2B	MULTIFAMILY
	A3B	MUSEUM/ART GALLERY	B8	MEDICAL OFFICE	I2A	INSTITUTIONAL INCAPACITATED	R2C	LODGING HOUSES
	A3C	LIBRARY	B9	OFFICE	I2B	INSTITUTIONAL DAY NURSERY	R3A	1&2 FAMILY OVER 3 STORIES
	A3D	PASSENGER TERMINAL	B10	BUSINESS - OTHER	MU	MIXED USE	R5A	SINGLE FAMILY ATTACHED UNDER 4 STORIES
	A3F	LECTURE HALL	E1	EDUCATION/SCHOOL 1 TO 12	M1	RETAIL CONVENIENCE STORE	R5B	TWO FAMILY ATTACHED UNDER 4 STORIES
	A3G	RESTAURANT FAST FOOD	E2	DAYCARE OVER 2 1/2 YEARS	M2	RETAIL DEPARTMENT STORE	R5C	SINGLE FAMILY DETACHED UNDER 4 STORIES
A3H	CHURCH	F1	FACTORY MODERATE HAZARD	M3	RETAIL SUPERMARKET	R5D	TWO FAMILY DETACHED UNDER 4 STORIES	
A4A	RECREATION CENTER	F2	FACTORY LOW HAZARD	M4	RETAIL STORE	R4A	ASSISTED LIVING 5 TO 16 PEOPLE	
B1	AUTO DEALERSHIP	H1	HIGH HAZARD	M5	RETAIL AUTO SERVICE STATION	S1	STORAGE MODERATE HAZARD	
B2	DENTIST/DOCTOR'S OFFICE	H2	HIGH HAZARD	R1H	HOTEL	S2	STORAGE LOW HAZARD	
B3	BANK					U	TEMPORARY/MISC	
ROOF TYPES	ASP	ASPHALT SHINGLE	FOR	METAL STANDING SEAM	BUP	BUILT UP		
CSH	WOOD SHINGLE	CLT	CLAY TILE	MEM	MEMBRANE			
SLA	SLATE	COT	CONCRETE TILE	PRE	SHEET			

INSTRUCTIONS ON FILLING OUT A BUILDING PERMIT APPLICATION

At the top right hand corner of the application is a capital B. This is the space where your permit number will be written after you have paid for the permit.

Box #1 - Fill in the number & street address where the work is being done.

Box #2 - This is to be used on multi-story commercial and multi-family residential projects. It can be left blank on single family and duplex permit applications.

Box #3 - Fill in the name of the contractor doing the work or your name if you are the owner/tenant and are applying for the permit as the owner/tenant.

Box #4 - Fill in the classification that is on your contractor's license such as BLD, HIC, etc.

Box #5 - Check the class of license located on your contractor's license.

Box #6 - Fill in state board of contractor's license number. It will always begin with 2701 or 2705 and be followed by six digits. Do NOT use a license number that begins with 2710 as this is a tradesman card number and does not allow you to apply for a permit.

Box #7 - Fill in the contractor's street address.

Box #8 - Fill in the contractor's telephone number.

Box #9 - Fill in the contractor's city, state and zip code.

Box #10 - Fill in the contractor's fax number.

Box #11 - Fill in the name of the property owner.

Box #12 - Fill in the property owner's address.

Box #13 - Fill in the property owner's daytime phone number.

Box #14 - Fill in the current use of the property such as restaurant, single family dwelling, duplex, etc.

Box #15 - Fill in the proposed use of the property such as restaurant, office, duplex, etc.

Boxes #16 through #29 - Office use only.

Box #30 - Fill in when dealing with single family houses and duplexes. Note the detached and attached designation. If the house stands alone and does not touch the house on either side, it is detached.

Box #31 - Fill in the number of apartment units in the building.

Box #32 - Check the appropriate box, if applicable.

Box #33 - COST INFORMATION - Fill in the cost of all labor, materials, overhead, subcontracts and profit. This may be used to determine how much you pay in permit fees.

Box #34 - Give a brief description of the work to be done.

Box #35 - Fill in the name of the lien agent only if required by a lien agency.

Box #36 - Fill in the phone number for the lien agent.

Box #37 - Fill in the complete address for the lien agent.

Box #38 - Fill in the name of the person to contact if there are questions about the application or drawings.

Box #39 - Fill in the contact person's phone number.

Box #40 - Fill in the contact person's fax number.

Box #41 - Fill in the contact person's complete address.

Box #42 - Fill in the contact person's e-mail, if available.

Box #43 - Check whether or not you would like to be called to pick up the permit. If you check "yes", fill in your name and phone number.

Box #44 - Fill in if submitting drawings done by an engineer or architect.

Box #45 - Fill in the Architect/Engineer's phone number.

Box #46 - Fill in the Architect/Engineer's fax number.

Box #47 - Fill in the Architect/Engineer's e-mail address.

Box #48 - If re-roofing, fill in the appropriate abbreviation for the roof type from the list on the back of the form.

Box #49 - Fill in the number of roofing squares to be used. One hundred square feet of roofing equals one square.

Box #50 - If using more than one type of roofing, fill in the abbreviation for the second type of roofing from the list on the back of the form.

Box #51 - Fill in the number of roofing squares for the second roof type to be used.

Box #52 - For commercial projects, check the appropriate box for automatic sprinklers.

Box #53 - For commercial projects, check the appropriate box for fire alarm system.

Boxes #54 through #61 - Fill in the appropriate square feet for all applicable areas.

Box #62 - Fill in the total building height in feet.

Box #63 - Fill in the number of floors in the building. Do not include the basement as a floor.

Box #64 - List the number of on site parking spaces.

Box #65 - List the number of parking spaces that are located at another location (i.e. leased spaces).

Box #66 - If there are parking spaces located at another location, write in the address of these additional spaces.

Box #67 - Fill in the maximum number of company owned vehicles to be parked at this location per shift.

Box #68 - Fill in the number of employees per shift.

Box #69 - If parking spaces at another location are under a different owner, a copy of the lease must be attached. Check whether or not the copy of the lease has been attached at the time of application.

Box #70 - Check the appropriate box for new curbs, relocated curbs or new driveways.

Box #71 - Check the appropriate box for site grading or land disturbing activity.

Box #72 - If land will be disturbed, fill in the total square feet to be disturbed.

Box #73 - Check whether or not a survey or site plan is attached.

Box #A, B & C - Fill out the asbestos certification with the Applicant's name, property address and signature, if renovating an existing commercial structure. (This section is not applicable to residential structures of 4 units or less.)