

**HANOVER COUNTY**  
**BUILDING INSPECTOR'S OFFICE**  
**PO BOX 470 (mail)**  
**7516 COUNTY COMPLEX RD. (parcel)**  
**HANOVER, VA 23069**  
**(804) 365-6040**



PERMIT # \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

Two sets of plans must be included with permit applications.

OWNER NAME:		CONTRACTOR NAME:	
ADDRESS:		ADDRESS:	
CITY, STATE, & ZIP:		CITY, STATE, & ZIP:	
PHONE #	FAX#	PHONE #	FAX#
CONTACT PERSON:		CONTACT PERSON:	
STRUCTURAL COORDINATOR:		STATE CONTRACTOR NUMBER:	
		MASTER PLAN:	

GPIN NUMBER:	LOT	BLOCK	SECTION
SETBACKS:	HEALTH PERMIT NO. _____	DISTRICT: _____	
FRONT _____ BACK _____	FLOODPLAIN: _____	SUBDIVISION: _____	
RIGHT _____ LEFT _____	ACRES: _____	ZONE: _____	
WATER/WELL: _____	SEPTIC/SEWER: _____	SE/CUP / SITE PLAN NO. _____	

DIRECTIONS TO THE SITE: \_\_\_\_\_  
 \_\_\_\_\_

FOR COMMERCIAL USE ONLY: USE GROUP	CONSTRUCTION TYPE	TOTAL SQ. FT.
DESCRIPTION OF WORK:		
BLDG HEIGHT _____	# STORIES _____	# BEDROOMS _____
TOTAL ROOMS _____	BSMENT SQ FT _____	GARAGE SQ FT _____
DECK SQ FT _____	# MASONRY F/P _____	# PREFAB GAS F/P _____
		# BATHROOMS _____
		PORCH SQ FT _____
		# PREFAB WOOD _____
TOTAL SQ. FT. FINISHED 1 <sup>ST</sup> FL _____	TOTAL SQ. FT. FINISHED 2 <sup>ND</sup> FL _____	
TOTAL SQ. FT. UNFINISHED FL: _____	TOTAL SQ. FT. FINISHED _____	
MISC. _____	2ND ELECTRICAL METER (accessory bldgs) YES OR NO	

MECHANICS LIEN AGENT: NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_  
 PERMIT FEE: \_\_\_\_\_  
 1.75% STATE SURCHARGE: \_\_\_\_\_  
 PLAN. SURCHARGE: \_\_\_\_\_  
 SEPTIC FEE: \_\_\_\_\_  
 SITE AND SOIL: \_\_\_\_\_  
 E & S FEE: \_\_\_\_\_  
 TOTAL FEES \_\_\_\_\_

Issuance of a Building Permit shall not be held to permit or to be an approval of the violation of any provision of any county ordinances and codes or any state laws.

I here by acknowledge that I have read this application and know the same to be true and agree to comply with all county ordinances and state laws regulating building construction and use.

NOTICE: Applicants are notified that incomplete applications may cause delays. Please complete all information as requested.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 \_\_\_\_\_ MAIL PERMIT WHEN ISSUED \_\_\_\_\_ CALL TO PICK UP PERMIT WHEN ISSUED