



Town of Chilhowie, Virginia

Office of the Building Inspector

BUILDING PERMIT APPLICATION



A	Customer Information		Important: Applicant must complete all non-shaded areas and mark or circle where appropriate.				Application Date	
			Important: Applicant must fill ALL three (3) sections "A, B, and C" of this application. Failure to do so may result in rejection and-or delay of the review process.				Permit Number	
	Job Address		Number & Street		Parcel Number		Site Phone	
	Contractor		Name		License Number		Phone	
	<input type="checkbox"/> Check here if the contractor is the permit holder.		Number & Street		City		State	Zip
	Applicant		Name		PO Box (If Applicable)		Phone	
			Number & Street		City		State	Zip
Property Owner		Name		PO Box (If Applicable)		Phone		
		Number & Street		City		State	Zip	
B	<u>Scope of Work</u>		<u>Additions, Alterations & Accessory Buildings/Structures</u>		<u>Other Work</u>			Building Permit Fee
	<u>New Construction</u>		<input type="checkbox"/> Addition to Structure <input type="checkbox"/> Remodeling of Structure <input type="checkbox"/> Garage or Carport <input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Accessory Building/Structure <input type="checkbox"/> Deck or Porch Addition <input type="checkbox"/> Chimney/Fireplace Replacement <input type="checkbox"/> Roof Replacement <input type="checkbox"/> Retaining Wall/Structure <input type="checkbox"/> Foundations <input type="checkbox"/> Swimming Pool & Spa/Whirlpool		<input type="checkbox"/> Communication Tower <input type="checkbox"/> Move Building/Structure <input type="checkbox"/> Generator Installation <input type="checkbox"/> Tent/Membrane Structure <input type="checkbox"/> Sign <input type="checkbox"/> Elevator Install/Upgrade/Repair <input type="checkbox"/> Change of Occupancy (New CO) Structure Sq. Ft. (_____) Additions Sq. Ft. (_____) Remodel Sq. Ft. (_____) Signs Sq. Ft. (_____)			\$0.00
	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Tank Installation							2.00% State Levy Fee
	<u>Demolition</u>							\$0.00
	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Tank Removal							Total Permit Fee
		\$0.00						
Certification:		I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code and the Town of Chilhowie Zoning Ordinance.						Payment Method
Signature		Address		Name (Print)		Date	Phone	
DO NOT SIGN		LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	LEAVE BLANK	
NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work.								
_____ Building Official							Check #	