



Town of Chilhowie, Virginia

Office of the Building Inspector

BUILDING PERMIT

DO NOT
WRITE HERE

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		R
	Contractor	Name	License Number	Phone		
	<input type="checkbox"/> Check here if the contractor is the permit holder.	Number & Street	City	State	Zip	Entrance Permit Number
	Applicant	Name	PO Box (If Applicable)	Phone		Zoning Permit Number
		Number & Street	City	State	Zip	Asbestos Certification <i>ATTACHED</i> N/A
Property Owner	Name	PO Box (If Applicable)	Phone		Flood Elevation Certificate <i>ATTACHED</i> N/A	
	Number & Street	City	State	Zip	Erosion Control Plan <i>ATTACHED</i> N/A	
					Plan Reviewed By <i>Charles R. Sturgill</i>	
B	<u>Scope of Work</u>		<u>Additions, Alterations & Accessory Buildings/Structures</u>		<u>Other Work</u>	
	<u>New Construction</u>					
	<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		<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)	
	<u>Demolition</u>					
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Tank Removal				Structure Sq. Ft. (_____) Additions Sq. Ft. (_____) Remodel Sq. Ft. (_____) Signs Sq. Ft. (_____)		
						Building Permit Fee
						2.00% State Levy Fee
						Total Permit Fee
						Payment Method <i>CHECK CASH CC</i>
						Check #
						<i>Charles R. Sturgill</i> Building Official
C	<u>Certification:</u>	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.				
	Signature	Address	Name (Print)	Date	Phone	
	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.					