



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		
	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		
	Property Owner		Name		PO Box (If Applicable)		Phone		
	Number & Street		City		State	Zip		Plan Reviewed By <i>Charles R. Sturgill</i>	
Customer Information		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			
B	Scope of Work		Additions, Alterations & Accessory Buildings/Structures		Other Work			Building Permit Fee	
	New Construction		<input type="checkbox"/> Addition to Structure		<input type="checkbox"/> Communication Tower			2.00% State Levy Fee	
	<input type="checkbox"/> Single Family Dwelling		<input type="checkbox"/> Remodeling of Structure		<input type="checkbox"/> Move Building/Structure			Total Permit Fee	
	<input type="checkbox"/> Multi-Family Dwelling		<input type="checkbox"/> Garage or Carport		<input type="checkbox"/> Generator Installation			Payment Method	
	<input type="checkbox"/> Commercial		<input type="checkbox"/> Accessory Dwelling Unit		<input type="checkbox"/> Tent/Membrane Structure			CHECK CASH CC	
	<input type="checkbox"/> Industrial		<input type="checkbox"/> Accessory Building/Structure		<input type="checkbox"/> Sign			Check #	
	<input type="checkbox"/> Tank Installation		<input type="checkbox"/> Deck or Porch Addition		<input type="checkbox"/> Elevator Install/Upgrade/Repair			<i>Charles R. Sturgill</i> Building Official	
Demolition		<input type="checkbox"/> Chimney/Fireplace Replacement		<input type="checkbox"/> Change of Occupancy (New CO)					
<input type="checkbox"/> Residential		<input type="checkbox"/> Roof Replacement		Structure Sq. Ft. (_____)			Additions Sq. Ft. (_____)		
<input type="checkbox"/> Commercial		<input type="checkbox"/> Retaining Wall/Structure		Remodel Sq. Ft. (_____)			Signs Sq. Ft. (_____)		
<input type="checkbox"/> Industrial		<input type="checkbox"/> Foundations		Remodel Sq. Ft. (_____)			Signs Sq. Ft. (_____)		
<input type="checkbox"/> Tank Removal		<input type="checkbox"/> Swimming Pool & Spa/Whirlpool		Remodel Sq. Ft. (_____)			Signs Sq. Ft. (_____)		
C	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.					Application Date	
	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.								