Type online, print, sign, circle remaining items and fax to (757)259-3798.

Reset All

RELATED TO BUILDING PERMIT # _____

APPLICATION FOR TRADE PERMIT

401 Lafayette Street, Williamsburg, Virginia 23185-3617 (757) 220-6136, Fax (757) 259-3798

CITY OF WILLIAMSBURG **OFFICE HOURS 8:00 AM-4:30 PM**

ADDRESS/LOCATION _____ **SUBDIV:** _____

APPLICANT: OWNER_____ **CONTRACTOR**_____ **LEASEHOLDER**_____ **OTHER**_____

CONTRACTOR _____ **PROPERTY OWNER** _____

ADDRESS _____ **ADDRESS** _____

_____ _____

JOB CONTACT _____ **PHONE** _____

PHONE _____

FAX NUMBER _____

****PROOF OF VALID STATE AND LOCAL CONTRACTOR LICENSES MUST BE PROVIDED AT TIME OF APPLICATION****

STATE REGISTRATION # _____ **CLASS A B C EXPIRATION**_____ **WORK CLASSIFICATION**_____

BUSINESS LICENSE LOCALITY_____ **NUMBER**_____ **EXPIRATION**_____

WORK PERFORMED: **NEW**_____ **EXISTING**_____

ELECTRICAL PERMIT #00_____	**MECHANICAL PERMIT #00**_____	**PLUMBING PERMIT #00**_____
___TEMPORARY SERVICE AMPS_____ PHASES_____	___ INSTALL FURNACE/BOILER ___ GAS-PAC ___ INSTALL AIR CONDITIONER ___ HEAT PUMPS	___WATER SERVICE ___ON-SITE WATER LATERAL ___SEWER SERVICE ___ON-SITE SEWER LATERAL
___NEW BUILDING SERVICE AMPS_____ PHASES_____	____ #AIR HANDLING UNITS/FANS	___STORM SEWER
___CHANGE or INCREASE SERVICE AMPS_____ PHASES_____	____ # REFRIGERATION SYSTEM ____ #GAS OUTLETS/SYSTEMS	___ON-SITE STORM SEWER LATERAL
___ # ADD/REPLACE DEVICES/EQUIP	____ # FIRE DAMPERS	___PLUMBING FIXTURES # FIXTURES_____
___ # PANNELS ADDED/REPLACED	____ # BURNERS CONV/REPLACEMENT	___LAWN IRRIGATION SYSTEM
___ ADD RECEP/FIXTURES/CIRCUITS 1-25_____ 26-50_____ 51-100_____ 101-200_____ 0ver 200_____	____ #EXHAUST FANS/AIR DIST BOXES ___ DUCT WORK (COMMERCIAL ONLY) SQ FT OF BLDG_____ ___ COMMERCIAL/KITCHEN EX HOOD # TYPE I_____ #TYPE II_____	___UNDERGROUND FIRE LINE ___OTHER WORK NOT DEFINED $ VALUE_____
___OTHER WORK NOT DEFINED $ VALUE_____	___OTHER WORK NOT DEFINED $ VALUE_____	
ELECTRICAL $_____	MECHANICAL $_____	PLUMBING $_____

BRIEF DESCRIPTION OF WORK _____

_____

_____

****FOR ONE & TWO FAMILY DWELLINGS MUST DESIGNATE CODE USED:** ____**CABO CODE** ____**ICC**

TOTAL VALUE OF JOB $_____ APPLICANT SIGNATURE_____

DATE_____/_____/_____ APPLICANT PRINTED NAME_____