



*****MUST BE FILLED OUT COMPLETELY*****

CITY OF WILLIAMSBURG APPLICATION FOR BUILDING PERMIT

401 Lafayette Street, Williamsburg, Virginia 23185-3617 (757) 220-6136, Fax (757) 220-6134

APPLICATION # _____ PERMIT # _____ DATE RECEIVED ____/____/____
ARB APPROVAL _____ ZONING APPROVAL _____

****Va. Law 54.1-1111: Proof of valid state contractor and local business license required at time of permit application****

STREET ADDRESS/LOCATION _____ PREPARED DATE ____/____/____

SUBDIVISION _____ ELECTRIC SERVICE: ABOVE ____ UNDERGROUND ____

<u>CONTRACTOR</u> _____	<u>PROPERTY OWNER</u> _____
ADDRESS _____	ADDRESS _____
CITY / ZIP CODE _____	CITY / STATE _____
PHONE _____	ZIP CODE _____
JOB CONTACT _____	PHONE _____
E-MAIL ADDRESS _____	E-MAIL ADDRESS _____

STATE REGISTRATION # _____ CLASS: A B C WORK TYPE _____ EXPIRATION _____

BUSINESS LICENSE LOCALITY _____ NUMBER _____ EXPIRATION _____

TOTAL JOB VALUE \$ _____

<u>ARCHITECT/ENGINEER/DESIGNER OF RECORD</u>	<u>MECHANICS LIEN AGENT (For 1-4 Family Dwelling Units Only)</u>
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____ NONE DESIGNATED _____

WORK TYPE(S): ____ NEW STRUCTURE ____ ADDITION ____ CHANGE OF USE ____ ALTERATION/REPAIR ____ DEMOLITION

BRIEF DESCRIPTION OF WORK: _____

APPLICANT IS THE: ____ OWNER ____ CONTRACTOR ____ ARCHITECT/ENGINEER ____ LEASEHOLDER ____ OTHER: _____

APPLICANT: SIGNATURE _____ APPLICANT PRINTED NAME _____

COMPLETE THIS INFORMATION: NEW CONSTRUCTION, BUILDING ADDITIONS, RENOVATIONS, CHANGE OF USE

SQUARE FOOTAGE PER FLOOR FOR NEW CONSTRUCTION/ADDITIONS/RENOVATED AREA:

FINISHED AREA: B: _____ 1ST: _____ 2ND: _____ 3RD: _____ 4TH: _____ 5th: _____ TOTAL: _____

UNFINISHED AREA: B: _____ 1ST: _____ 2ND: _____ 3RD: _____ 4TH: _____ Garage: _____ TOTAL: _____

(Unfinished area includes garages, carports, accessory structures, future finished space not heated/cooled/wired at time of construction)

STRUCTURE HEIGHT: _____ TOTAL BUILDING AREA: _____

PROPOSED BUILDING USE GROUP: A B E F H I M R S U # _____ CONSTRUCTION TYPE: 1A 1B 2A 2B 3A 3B 4 5A 5B

FIRE SPRINKLER SYSTEM ____ Yes ____ No FIRE ALARM SYSTEM ____ Yes ____ No FIRE DETECTION SYSTEM ____ Yes ____ No

COMPLETE THIS INFORMATION: NEW CONSTRUCTION AND BUILDING ADDITIONS

BUILDING SETBACKS (In feet): Front: _____ Right: _____ Left: _____ Rear: _____

PROVIDED: ____ Decks ____ Porches ____ Carport ____ Central Heat ____ Central Air Conditioning

Total # of Rooms: ____ # of Bedrooms: ____ # of Full Baths: ____ # of 1/2 Baths: ____ # Fireplaces: ____ # Chimneys: ____

Type of Foundation: Crawlspace ____ Slab: _____

ROOFING: Asphalt Fiberglass Wood Other EXTERIOR: Vinyl Brick Wood Stucco Other