



Date: _____

Permit #: _____

Construction Permit Application

Cost of Construction: \$ _____

Address where work is to be done: _____

Scope of Work: _____

Current Zoning (check one) R1 R2 B1 B2 I1 C1

<input type="checkbox"/> <u>New Construction</u>	<input type="checkbox"/> <u>Existing Construction</u>
<input type="checkbox"/> Residential (Square Feet per floor) _____	<input type="checkbox"/> Addition
<input type="checkbox"/> Commercial	<input type="checkbox"/> Alteration
<input type="checkbox"/> Industrial	<input type="checkbox"/> Repair
<input type="checkbox"/> Educational	<input type="checkbox"/> Tenant Layout (Square Footage) _____

<p>PERMIT HOLDER INFORMATION</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City State Zip Code</p> <p>_____ Phone # Email</p>	<p>PROPERTY OWNER'S INFORMATION</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City State Zip Code</p> <p>_____ Phone # Email</p>
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Type of Improvement:

Type of Construction: _____

Use Group of structure: _____

Code and year which designed under: _____

Lien Agent: (Required by state law for all permits issued for all new residential and commercial construction). Applications must **EITHER** furnish the lien agent's information or sign under **not designated.**

Name of lien agent: _____ Sign below if lien agent is not designated:
 Address: _____
 City/State/Zip: _____
 Phone: _____ Signature

BUILDING CONTRACTOR INFORMATION				
Name	Address	City	State	Zip
	_____	_____		
	DPOR License # (Copy must be submitted)	Class		
Brief description of work to be performed				

All components of submission requirements must be met before the application can be accepted and scheduled for review/hearing. Incomplete applications will not be processed.
 Requirements: Submit three copies of all applicable plans (sites, foundation, floor, electrical, plumbing, mechanical, cross sections, elevations, etc.) and Application for Certificate of Appropriateness for Architectural Review Board (if work is visible from the street).

Certification

I certify that I have the authority to make the foregoing application, that the information given is correct and that all construction will comply with the VUSBC. Also, the person identified above as the permit holder is the responsible party for compliance with the VUSBC and all applicable ordinances. I request that after all of the work under this permit has been completed, all required inspections are performed and approved, all fees have been satisfied that a Certificate of Use and Occupancy be issued.

Print Name: _____ Title: Owner
 Signature: _____ Contractor
 Date: _____ Authorized Agent
 Phone: _____ Other
 Email: _____

APPLICATION ROUTING

	Date	Approved	Comments
Construction Permit Application Submitted:	_____	_____	_____
Submitted to Planning Commission	_____	_____	_____
COA Submitted to ARB (if required)	_____	_____	_____
Submitted to Council (if required)	_____	_____	_____
Submitted to Building Official	_____	_____	_____
Submitted to Health Dept (if required)	_____	_____	_____

FEES:

Plan Review	\$ _____	Inspections:	\$ _____	Additional Plan Review	\$ _____
State Surcharge	\$ _____	Application Fee	\$ _____	Total Fees	\$ _____

Permit submitted to: _____ Title: _____

For Building Official Use:

Date Construction Permit Application Approved: _____

Initials of Person issuing Permit: _____