



Town of Haymarket
15000 Washington Street, #100
Haymarket, VA 20169
703-753-2600

**Building Permit Application for any Building Other than a
 One or Two Family Dwelling**

(This Section for Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Official: _____

SECTION 1: LOCATION (Please indicate Block and Lot # for locations for which a street address is not available)

_____ Name of Building (if applicable)
 No. and Street

SECTION 2: PROPOSED WORK

Edition of VA State Code used _____ If New Construction check here or check all that apply in the two rows below

Existing Building Repair Alteration Demolition Change of Occupancy

Change of Use Other Specify _____

Are Building Plans and/or construction documents being supplied as part of this permit application? Yes No

Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work: _____

**SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING IS UNDERGOING RENOVATION,
 ADDITION, OR CHANGE IN USE OR OCCUPANCY**

Check here if an existing Building Investigation and Evaluation is Enclosed (See VSBC, Part II, Section 1102.1) _____

Existing Use Group(s) _____ Proposed Use Group(s) _____

SECTION 4: BUILDING HEIGHT AND AREA

	Existing		Proposed	
No. of Floors/Stories (include basement levels) & Area per Floor (Sq. Ft.)				
Total Area (Sq. Ft.) and Total Height (Ft.)				

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 A-3 A-4 A-5 B: Business E: Educational

Factory: F-1 F-2 H: High Hazard H-1 H-2 H-3 H-4 H-5

I: Institutional I-1 I-2 I-3 I-4 M: Mercantile R: Residential R-1 R-2 R-3 R-4

S: Storage S-1 S-2 U: Utility Special Use and please describe below

Special Use:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION

Water Supply: Public ____ Private ____	Flood Zone Information: Check ____ if outside flood zone, or identify zone; _____ _____	Sewage Disposal: Indicate system Municipal ____ Onsite ____
ARB Approval: Yes ____ No ____ N/A ____		Zoning Board Approval: (if required) Yes ____ No ____ Date _____

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor _____
 Does the Building contain a Sprinkler System? _____ Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner **SIGNATURE:** _____

 Name (Print) No. and Street City/Town Zip Code

Property Owner Contact Information:

 Title Telephone No. (business) Telephone No. (cell) e-mail address

If applicable, the property owner hereby authorizes:

 Name Street Address City/Town State Zip Code

To act on the property owner's behalf in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ____ and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip Code	Discipline Expiration Date

10.2 General Contractor

 Company Name

 Name of Person Responsible for Construction License No. and Type if Applicable

 Street Address City/Town State Zip Code

 Telephone No. (business) Telephone No. (cell) e-mail address

SECTION 11: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimate Costs: (labor and materials)	Total Construction Cost (from Item 6) = \$ _____
1. Building	\$ _____	Building Permit Fee + Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____ Note: Minimum fee = \$ _____ Enclose check payable to _____ (contact municipality) and write check number here
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

SECTION 12: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print name Title Telephone No.

Street Address City/Town State Zip Code

Signature Date

Building Official to fill out this section upon approval of application: _____
Signature Date

Additional notes and stamps: