



BUILDING PERMIT APPLICATION

BUILDING INSPECTION
P.O. BOX 399
228 N. MAIN STREET, BASEMENT FLOOR
LAWRENCEVILLE, VA 23868
PHONE: 434-848-2962
www.brunswickco.com
Fax: 434-848-8234

PERMIT #

ASSOCIATED PERMIT #

ZONING PERMIT #

| | | | |
|-------------------------|---|--|-----------------------------------|
| WORK DESCRIPTION | What type of work is to be performed? (Please Check): <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL | | |
| | If a garage is included, what type? (Please Check): <input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> NONE | | |
| | What type of property improvement will be made? (Please Describe): | | |
| | | | |
| | | | |
| ID | CONTRACTOR NAME: | | VA STATE CONTRACTOR LICENSE # |
| | CONTRACTOR ADDRESS: | | PHONE NUMBER: EXPIRATION DATE: |
| AGENTS | ARCHITECT NAME/ADDRESS (COMMERCIAL ONLY) | | PHONE NUMBER: LICENSE # |
| | DEVELOPER NAME/ADDRESS (COMMERCIAL ONLY) | | PHONE NUMBER: LICENSE # |
| | MECHANICS LIEN AGENT-RESIDENTIAL SINGLE FAMILY ONLY | | PHONE NUMBER: LICENSE # |
| OWNER | PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME) | | PHONE NUMBER: EMAIL ADDRESS: |
| | PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME AS JOB LOCATION): | | |
| JOB | ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET NAME/SUBDIVISION) | | TAX MAP SECTION: LOT: |
| | What is the estimated cost of STRUCTURAL WORK ONLY (materials and labor)? Do not include the cost of plumbing, mechanical, electrical, or other auxiliary work in this estimate: | | EST. COST OF CONSTRUCTION: \$ |
| WATER | Please Check the type of water supply to this property: <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> WELL | | |
| | Please Check the type of disposal used by this property: <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> SEPTIC | | |

| RESIDENTIAL ONLY | | | | | |
|-------------------------|--|--|---|--|--------------------|
| STRUCTURAL | BUILDING HEIGHT (AVG ROOF HEIGHT FROM THE GRADE): | HOW MANY KITCHENS? (SINK & 1 MAJOR APPLIANCE = 1 KITCHEN): | # OF STORIES (EXCLUDING BASEMENT): | WILL THERE BE A BASEMENT (CHECK)? <div style="display: flex; justify-content: space-around;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> | # OF NEW BEDROOMS: |
| | 1 st Floor Sq. Ft. _____ | | Deck _____ x _____ | | |
| | 2 nd Floor Sq. Ft. _____ | | Porch _____ x _____ | | |
| | Unfinished Basement Sq. Ft. _____ | | TOTAL SQUARE FEET _____ | | |
| | Finished Basement Sq. Ft. _____ | | Attached Garage Sq. Ft. _____ | | |
| | TOTAL SQUARE FEET _____ | | Detached Garage Sq. Ft. _____ | | |
| | Storage Building _____ x _____ | | Carport _____ x _____ Pole Shed _____ x _____ | | |
| Renovation _____ | | Brick Veneering _____ Reroofing _____ Demolition _____ | | | |
| Swimming Pool _____ | | Boathouse/Pier _____ Other: _____ | | | |
| III | PER SECTION 113.2 OF THE UNIFORM STATE WIDE BUILDING CODE, THE BUILDING OFFICIAL MAY CONDUCT A SITE INSPECTION PRIOR TO ISSUING A PERMIT. | | | | |
| APPLICANT | APPLICANT NAME (PLEASE PRINT): | | | | |
| | REPRESENTING (NAME OF COMPANY): | | | | |
| | APPLICANT SIGNATURE: | | | DATE: | |
| OWNER AFFIDAVIT | Complete this section only if you are an OWNER doing your own work, and are not subject to licensure as a contractor or subcontractor. | | | | |
| | If you are an owner and intend to do the work or subcontract the work, an Owner Affidavit is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing the Owner Affidavit, and in turn obtaining the permit in your name, designates you, as the owner, responsible for the quality of work and compliance with applicable state and local codes. This owner affidavit must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with the section 54.1-1111 of the Code of Virginia. (Note: Lessees are owners per state law.) | | | | |
| | I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances. | | | | |
| | OWNER'S SIGNATURE: | | DATE: | PLEASE PRINT OWNER NAME LEGIBLY: | |
| | I, as a WITNESS, saw the owner of this property affix his/her signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the State of Virginia. | | | | |
| | WITNESS' SIGNATURE: | | DATE: | PLEASE PRINT WITNESS' NAME LEGIBLY: | |