

APPLICATION TO BUILDING INSPECTIONS AND ZONING DEPARTMENT

GREENE COUNTY, VIRGINIA

434-985-5204 (BLDG) 434-985-5282 (ZONING) 434-985-1459 (FAX)

P.O. BOX 358, STANARDSVILLE, VA 22973 www.gcva.us

PERMIT NUMBER: _____

PERMIT TYPE: _____

1. Applicant:			
Current Property Owner:			
Mailing Address			Do you want your permit < mailed to this address?
Phone Number:	Cell Phone:	Fax Number:	
Email Address:	Circle the best phone number for point of contact		

2. Property Information: **Water Source:** Public Well **Sewer Source:** Public Sewer Private Septic

State Route Number:	*Street Address:	Subdivision Name:
Lot Number:	Acreage: Tax Map Parcel #:	Estimated Date of Purchase:

3. Improvement Information:

Type of Improvement Description/Explanation:	<input type="checkbox"/> New Residence <input type="checkbox"/> New Commercial <input type="checkbox"/> Addition /Deck/Porch <input type="checkbox"/> Alter Commercial <input type="checkbox"/> Remodel <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Garage <input type="checkbox"/> Electrical Only <input type="checkbox"/> Shed <input type="checkbox"/> Plumbing Only <input type="checkbox"/> Barn/Farm Use <input type="checkbox"/> Mechanical Only <input type="checkbox"/> Mobile Home (serial #) <input type="checkbox"/> Signs Installation <input type="checkbox"/> Pool <input type="checkbox"/> Duplex/Apartments # Units
Estimated Value of Project:	Is owner acting as contractor?

4. New Residence/New Remodel Information: **Addition/Remodel Usage:**

Size:	Total Finished Sq. Ft.:	Unfinished Sq. Ft.:	Plan Name:
Foundation Type:	Type of Siding:	Type of Heat:	Air Condition:
Fire Place Type:	# of Bedrooms:	# Bathrooms:	Basement : Yes or NO
Basement: Finished/ Unfinished	Sq Ft. Basement: _____	Unfin Basement ____ SF	Garage in Basement: Yes/NO
Attached Garage Size:	Front Porch Size:	Rear Deck Size:	# of Stories:

5. New Proposed Garage/Shed/Deck/Other Information:

Size:	Attached/Detached:	Amp of Electric Service	Siding Type:
Sq. Ft.:	# of Stories:	Will Plumbing Be Installed:	Value of Project:

6. Contractor Information: Address Phone # State License Number/Class Expiration Date

Building Contractor Name:	Address	Phone #	State License Number/Class	Expiration Date
Electrical Contractor Name:				
Plumbing Contractor Name:				
Mechanical Contractor Name:				

All contractors are required to have a County Business license. For more information call 985-5211.

7. Mechanics Lien Information:

MLA Company Name:	Address/Phone/Fax
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***New Street Address:** _____
 (This will be assigned during the permit approval process)

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Affidavit for Virginia Contractor's Licensing Law – Please Read

I affirm that I am the owner/agent of a certain tract above located in Greene County and that I have applied for a permit to erect a structure on said land and/or repair/improve structure on said land. I certify that I have the consensus/approval of all property owners to apply for this permit.

I affirm that I am aware of provisions of Title 54.1 Chapter 11, Code of Virginia that requires a contractor to be properly licensed before he may bid or undertake contracting work of \$1,000 or more. I further certify that I am familiar with the responsibilities of a awarding authority specified in Section 54.1111 of the Code which prohibits any awarding authority from issuing permits or allowing the issuance of such permits to any contractor not properly licensed under the provisions of the Code, and that to do so would constitute the commission of a misdemeanor.

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

It is my responsibility to insure adherence to all zoning, building and erosion/sediment control regulations applicable in this jurisdiction. I understand that state law prohibits illegal contracting. All contractors need a state and county license.

Signature of Owner/Authorized Agent _____ Date: _____

Print Name: _____

BELOW FOR OFFICE USE ONLY:

Tax Map Parcel Number: _____

Zoning Approval:

Zoning Type:	Zoning Notes:	E&S Review
Zoning Adm. Signature:		Date:
Approval Date:		

Building Official Approval

Building Official Signature:	Notes:	
Approval Date:	Plan File Number:	Code Reviewed Under:
Commercial Occupant Load:	Construction Type:	Use Group:

Charges/Payment

Account # for Treas.

NOTES:

Access. Use/Other	\$	
Building	\$	
Basement-Unfinish	\$	
Electrical	\$	
Plumbing	\$	
Mechanical	\$	
Subtotal	\$	3-100-013030-0008
2.0% State	\$	3-100-013030-0033
Zoning Review	\$	3-100-013030-0006
Assign Address	\$	3-100-013030-0006
Septic Review Fee	\$	3-100-013030-0018
Erosion Fee	\$	3-100-013030-0032
SWM Fee	\$	3-100-013030-0035
Proffer Payment	\$	3-100-013030-0019
TOTAL DUE		

DATE PD	RECEIPT #	CHECK	CASH	STAFF	PAYEE NAME