

**APPLICATION FOR PERMIT TO BUILDING INSPECTIONS**

**GREENE COUNTY, VIRGINIA**

434-985-5204 (BLDG) 434-985-5282 (ZONING) 434-985-1459 (FAX) EMAIL: inspections@gcva.us

P.O. BOX 358, STANARDSVILLE, VA 22973 (40 Celt Rd. Room 226)

www.greencountyva.gov

PERMIT NUMBER: \_\_\_\_\_

PERMIT TYPE: \_\_\_\_\_

**COMMERCIAL PERMIT APPLICATION**

<b>1. Applicant/Tenant:</b> (Name /Company)	
Mailing Address	
Phone Numbers:	
Email Address:	

(Revised 2/9/2022)

**2. Property Identification/Property Owner Information:**

**Check one:** Water Source: Public Well Sewer Source: Public Sewer Private Septic

Current Property Owner's Name (as listed on Tax Records)	Tax Map Parcel #: Acreage:
*Site Property Street Address:	Subdivision Name: Subdivision Lot #:
*(Note: New Res/Commercial Buildings: Address will be assigned during staff review)	Estimated Date of Purchase/Lease:

**3. Improvement Information:**

**Check Box:**

Description/Explanation of Improvement: Square Footage of Improvement: _____ Total Finished Square Footage: _____ Detailed Description of work:	New Commercial Building	Plumbing Only
	Addition To Commercial Building	Mechanical Only
	Remodel Commercial/Tenant Up-fit	Electrical Only
	Generator/Solar: # Panels ____	Hood Suppression
	Garage/Shed/Accessory Building	Sprinkler (#heads)
	Commercial Pool (In-ground)	Alarm
	Other (Please Explain)	Propane/Lines
Apartments/Townhouses # Units ____	OTHER: _____	
Estimated Value of Project: \$	Is owner acting as contractor?	Yes or NO

**4. New Project/Improvement Information**

Dimensions:	Compute Total Finished Square Ft:	Compute Total Unfinished Sq. Ft.:	Number of Stories: _____ Building Height: _____
Heat Type:	Elec Amp Service:	Elevators: Yes or No	Sprinkler Heads # _____
# Dwelling Units:	# Bedrooms:	Hood Suppression: Yes No	Alarm System: Yes or No
Tower/Antennas:	# Solar Panels:	Propane: Yes or No	

**5. Contractors:**

**(All Contractors must apply for a Greene Co Business License. Call 434-985-5211)**

	COMPLETE MAILING ADDRESS	PHONE #	VA STATE LIC #/CLASS	EXPIRATION
General Building Contractor:				
Electrical Contractor:				
Plumbing Contractor:				
Mechanical Contractor:				
Other Contractors:				

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**Affidavit for Applying for Permit – Please Read**

**If you are a tenant of a commercial site, please attach a copy of your lease or agreement.**

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. 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:**

Zoning Type:	Zoning Notes:	<b>E&amp;S Approval Signature:</b>
Zoning Adm. Signature:		Approval Date:
Approval Date:		E&S Notes:
<b>Building Official</b> Signature:	Notes:	
Approval Date:	Plan File Number:	Code Reviewed Under Code:
Commercial Occupant Load:	Construction Type:	Use Group:

**Fees/Charges/Payments:**

**Account # for Treasurer**

**OFFICE NOTES/INTAKE NOTES:**

Accessory Use/Other	\$	DECK/STORAGE/ OTHER
Building	\$	
Unfinished Areas	\$	
Electrical	\$	
Plumbing	\$	
Mechanical /Gas	\$	
Subtotal	\$	3-100-013030-0008
2.0% State Surcharge	\$	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 (E&S)	\$	3-100-013030-0032
S W M Fee	\$	3-100-013030-0035
Proffer Payment	\$	3-100-013030-0019
<b>TOTAL DUE</b>		

<u>DATE PAID</u>	<u>RECEIPT #</u>	<u>CHECK</u>	<u>CASH</u>	<u>CARD</u>	<u>STAFF</u>	<u>PAYEE NAME:</u>