

# Dinwiddie County Building Inspections

## Commercial/Residential Building Permit

P.O. Drawer 70, 14010 Boydton Plank Rd, Dinwiddie VA 23841  
804-469-4500 opt # 6



The undersigned applicant hereby applies for a permit to do the following work in full compliance with the ordinances of the County of Dinwiddie and the Virginia Uniform Statewide Building Code. This permit will be void if work does not commence within six months from the date of issuance. **NO WORK IS AUTHORIZED UNTIL PERMIT HAS BEEN APPROVED AND ISSUED; DOUBLE FEE WILL BE CHARGED IF WORK IS STARTED WITHOUT PERMIT.** I acknowledge and authorize the Commissioner of Revenue's Office to inspect new construction when complete for tax assessment purposes. **Per Code 113.1.2 Virginia Construction Code: DUTY TO NOTIFY - When construction reaches a stage of completion that requires an inspection, the permit holder shall notify the building official.**

LOCATION ADDRESS OF WORK \_\_\_\_\_  
Number \_\_\_\_\_ Street Name \_\_\_\_\_

VA USBC USED: 2018 Sub. Name \_\_\_\_\_ Sec# \_\_\_\_\_ Lot# \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

Single-family Residential \_\_\_\_\_ Multi-family Residential \_\_\_\_\_ Number of units \_\_\_\_\_ Commercial \_\_\_\_\_

Description of Work \_\_\_\_\_

ESTIMATED COST OF WORK: \_\_\_\_\_ **SQUARE FOOTAGE** 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ Basement \_\_\_\_\_ Deck \_\_\_\_\_ Porch \_\_\_\_\_ Garage \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

State Contractor License \_\_\_\_\_ Expiration Date \_\_\_\_\_ Dinwiddie Business License \_\_\_\_\_

I hereby certify that I am the owner or that I have the authority of the owner to make application, that the information is correct and that the use and construction shall conform to the County Health, Building and Zoning ordinances which are imposed on the property.

Print/Type Name of Owner/Authorized Agent \_\_\_\_\_ Signature of Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

### PROPERTY OWNER'S WRITTEN STATEMENT:

I certify that I am the owner of the tract or parcel of land indicated above and I have applied for this permit. Also I certify that this is my principal residence and actually live there or will live there when work is complete. I certify that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia and I am not subject to licensure as a contractor.

Print/Type Name of Owner \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

### MECHANICS LIEN AGENT INFORMATION:

NAME \_\_\_\_\_ CHECK HERE IF NONE DESIGNATED: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

<u>ZONING ADMINISTRATOR</u>	<u>PERMIT FEES</u>	<u>BUILDING INSPECTIONS</u>
TAX MAP# _____ ZONED _____		
MINIMUM YARD REQUIREMENTS _____ SQ FT x .20 _____		<b>OTHER THAN A STRUCTURE</b>
FRONT _____ FT FROM CENTERLINE OF ROW _____ SQ FT x .15 _____		<b>JOB COST x 1%</b> _____
_____ FT ONE SIDE AND _____ FT TOTAL BOTH SIDES	Plus (+) \$75.00 Base Fee <b>\$ 75.00</b>	<b>+BASE FEE \$ 75.00</b>
	Sub Total _____	<b>SUB TOTAL</b> _____
REAR _____ FT FROM REAR PROP LINE	State Tax 2% _____	<b>STATE TAX 2%</b> _____
APPROVED/DISAPPROVED _____	FEE PAID _____	<b>TOTAL FEE=</b> _____
FEMA 51053C0 _____ DIST# _____	DATE PAID _____	

ZONING ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_ CERTIFIED BUILDING OFFICIAL \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

COMMENTS \_\_\_\_\_