

Dinwiddie County Building Inspection

P. O. Drawer 70
Dinwiddie, Virginia 23841
Phone:(804)469-4504
Fax (804)469-5322

BUILDING PERMIT

(COMMERCIAL & RESIDENTIAL)



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.

LOCATION OF WORK (Complete Address) _____

PERMIT NUMBER _____

Subdivision _____ Lot _____

Directions to site _____

Single-family Residential _____ Multi-family _____ Number of units _____

Non-Residential (describe use of building) _____

Describe Work to be Done: _____

COST OF WORK _____

SQUARE FOOTAGE

1ST FLOOR _____

All Others _____

(2nd floor, basements, garages, porches
Decks, etc)

PROPERTY OWNER _____

Mailing Address _____

Phone _____

CONTRACTOR _____

Mailing Address _____

State Contractor License No. _____ A - B - C Expiration Date _____

Dinwiddie Business License No. _____ Phone _____

Date: _____

SIGNATURE OF APPLICANT

HOMEOWNERS AFFIDAVIT

I _____ affirm 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 or will be when work is completed I affirm 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.

I authorize you, the merchant, to initiate an electronic debit to my account for the amount rendered on this check plus the legal limit returned check fee if the item is dishonored. The use of a check for payment is my acceptance of this policy.

SIGNATURE

MECHANICS LIEN AGENT

NAME _____

ADDRESS _____

PHONE _____

NONE DESIGNATED: _____

ZONING ADMINISTRATOR	PERMIT FEES	BUILDING INSPECTOR
TAX MAP# _____ ZONED _____	_____ SQ FT X .20 _____	GRANTED TO THE ABOVE NAMED APPLICANT.
MINIMUM YARD REQUIREMENTS	_____ SQ F T X .15 _____	
FRONT _____ FT FROM HWY ROW OR CENTERLINE OF ROAD	Sub Total _____	BUILDING OFFICIAL _____
_____ FT ONE SIDE	Plus (+) \$75.00 Base Fee _____	
_____ FT TOTAL BOTH SIDES	Tax 2% _____	DATE APPROVED _____
REAR _____ FT FROM REAR PROP LINE	FEE PAID _____	
MAX HEIGHT _____ FT	DATE PAID _____	
APPROVED/DISAPPROVED _____		
ZONING ADMINISTRATOR _____ DATE _____		
COMMENTS _____		

\$50.00 REINSPECTION FEE DUE IF PROPERTY NOT READY WHEN INSPECTION IS SCHEDULED