

BUILDING PERMIT

(COMMERCIAL & RESIDENTIAL)



PERMIT NUMBER:

Dinwiddie County Building Inspection P. O. Drawer 70 – Dinwiddie, Virginia 23841 Phone: (804) 469-4500 OPT 6 Fax: (804) 469-5322

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): _____

Subdivision _____ Lot _____ **VA USBC USED: 2006 2009**

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

Non-Residential (describe use of building) _____

Description of Work _____

ESTIMATED COST OF WORK: _____ SQUARE FOOTAGE 1ST FLOOR _____
 All Others _____
 (2nd floor, basements, garages, porches, decks, etc.)

PROPERTY OWNER OF RECORD _____

Mailing Address _____ Phone _____

CONTRACTOR _____

Mailing Address _____ Phone _____

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

Dinwiddie Business License No. _____

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 AFFIDAVIT: Pursuant to the provisions of Section 54.1-1111 of the Code of Virginia, I hereby certify that I will be responsible for all work performed under this permit and I am not subject to licensure as a contractor.

 Print/Type Name of Owner Signature of Owner Date

MECHANICS LIEN AGENT INFORMATION:

NAME _____ **(OR CHECK HERE IF NONE DESIGNATED: _____)**
ADDRESS _____ **PHONE** _____

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

ZONING ADMINISTRATOR TAX MAP# _____ ZONED _____ MINIMUM YARD REQUIREMENTS FRONT _____ FT FROM HWY ROW OR CENTERLINE OF ROAD _____ FT ONE SIDE _____ FT TOTAL BOTH SIDES REAR _____ FT FROM REAR PROP LINE MAX HEIGHT _____ FT APPROVED/DISAPPROVED _____ ZONING ADMINISTRATOR _____ DATE _____ COMMENTS _____	PERMIT FEES _____ SQ FT X .20 _____ _____ SQ FT X .15 _____ Sub Total _____ Plus (+) \$75.00 Base Fee _____ Tax _____ FEE PAID _____ DATE PAID _____	BUILDING INSPECTOR GRANTED TO THE ABOVE NAMED APPLICANT. _____ BUILDING OFFICIAL DATE APPROVED _____
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\$50.00 RE-INSPECTION FEE DUE IF PROPERTY NOT READY WHEN INSPECTION IS SCHEDULED