

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.** 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** 1st Floor _____ 2nd 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 _____		OTHER THAN A STRUCTURE
FRONT _____ FT FROM CENTERLINE OF ROW _____ SQ FT x .15 _____		JOB COST x 1% _____
_____ FT ONE SIDE AND _____ FT TOTAL BOTH SIDES	Plus (+) \$75.00 Base Fee \$ 75.00	+BASE FEE \$ 75.00
REAR _____ FT FROM REAR PROP LINE	Sub Total _____	SUB TOTAL _____
APPROVED/DISAPPROVED _____	State Tax 2% _____	STATE TAX 2% _____
FEMA 51053C0 _____ DIST# _____	FEE PAID _____	TOTAL FEE= _____
	DATE PAID _____	

ZONING ADMINISTRATOR _____ DATE _____ CERTIFIED BUILDING OFFICIAL _____ DATE APPROVED _____

COMMENTS _____