

(Office Use Only) Permit #: _____



Building Permit Application

Department of Neighborhood Development Services

P. O. Box 911, City Hall

Charlottesville, VA 22902

Telephone: (434) 970-3182

This application is for: Building Tank Removal Demolition Fire Sprinkler/Line Tent

Physical Street Address _____

Tax Map and Parcel _____ Bldg Code: VRC or VCC (circle)

Property Owner _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Lessee or Occupant _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Licensed Contractor _____

Contact Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

State DPOR License # _____

Architect/Engineer _____

Contact Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

State DPOR License # _____

Mechanic's Lien Agent (if none, write N/A) _____

Contact Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Note: Complete the Project Description on Page 2. Homeowners acting as their own contractor must also complete the affirmation on Page 3.

Incomplete applications will not be processed.

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Building Permit Application: Project Description

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Physical Street Address _____

Tax Map and Parcel _____ Bldg Code: VRC or VCC (circle)

Project Description _____

Estimated Cost of the Project _____

Number of Buildings _____ Number of Residential Units _____

Height (ft) _____ Number of Stories _____ Sprinkled: Yes No

Total # of Rooms _____ Bedrooms _____ Bathrooms _____ Chimneys _____ Fire Places _____

Square Feet Per Floor

Floor	Square Footage
Slab	
Basement	
1st Floor	
2nd Floor	
3rd Floor	
4th Floor	
5th Floor	
Deck/Porch	
Crawlspace	
Garage	

As applicant, I understand that I am responsible for the accuracy of this application

Applicant (print) _____ (Sign) _____

Phone _____ Date _____ Email _____

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**Building Permit Application:
Owner Affirmation**

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**When a property owner secures permit in their name, this does not give
unlicensed contractors permission allowing them to do any work.**

I, (name) _____

of (address) _____

affirm that I am the owner of a certain parcel of land located at:

_____ and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia, that I have read the Section 54.1-1111 below and I am not subject to be licensed as a contractor.

Owner Signature: _____ Date _____

§ 54.1-1111. Prerequisites to obtaining business license; building, etc., permit.

A. Any person applying to the building official or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such official or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.

It shall be unlawful for the building official or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building official, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor.

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Electrical, Mechanical, Gas, or Plumbing Permit Application

Department of Neighborhood Development Services
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Telephone: (434) 970-3182

This application is for: Electrical Mechanical Gas Plumbing

Fill out separate applications for each trade or contractor.

Physical Street Address _____

Reference Building Permit # _____

Property Owner _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Occupant/Tenant Name _____

Licensed Contractor _____

Contact Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

State DPOR License # _____

Dominion Energy Order # (if known) _____

Gas Type: Natural Propane Oil

Estimated Cost of Project _____

A current City business license is required regardless of BPOC status in another jurisdiction.
Contract the Commissioner of Revenue at 434-970-3160 to apply for a City business license.

I hereby acknowledge that the above information is correct and agree to comply with state and local building codes and ordinances.

Signature _____

Name (please print) _____

Date _____