

BUILDING PERMIT APPLICATION
Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Application Date:
Permit Number:
Old Map Number:
GPIN:

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address			District	
	Owner			Phone #	
	Address				
	Proposed Use		Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)		Lot Size	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	Census Track		Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer _____ Date _____

Applicant/Contact:	Phone
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Email: _____

CONTRACTOR INFORMATION	Contractor			Phone	
	Address				
	Contractor License Number			Type	Expiration

Description of Work	Scope of Work:				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK	
Building	
<i>Excludes All Trades Permits</i>	

Application Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ _____
Zoning Fee	\$ _____
Total	\$ _____

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant _____

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 38.88.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: _____ Telephone: _____

Mailing Address: _____

OWNERS AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

_____ Owner's Signature

Signed and acknowledged by _____ in the city or county of _____ Virginia on the _____ Day of _____, 20____ in the presence of the undersigned notary. My Commission expires _____.

_____ (Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA s36.99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTIONS 105.10 AND 121.1.1.

OWNERS SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 + \$4.50 per \$1000 above \$4000
Add 1.75% State levy to fee.

Commercial fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 + \$9.50 per \$1000 above \$4000
Add 1.75% State levy to fee.

OFFICE USE ONLY

USE _____ USE TYPE CODE _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____

APPROVAL _____ DATE _____

Code Official