



Date _____ Permit Number _____

PERMIT APPLICATION – ZONING / BUILDING / CONSTRUCTION

CAMPBELL COUNTY COMMUNITY DEVELOPMENT

Project Description _____

Property Information

Project Location / Directions from Rustburg _____

Landowner(s) _____ Phone _____

Mailing Address _____

Applicant _____ Phone _____

Mailing Address _____

Commercial

Total square feet: _____ Sprinkler Required? Yes No Estimated Cost of Job: \$ _____

Residential

Est. Cost of Job \$ _____	Is property in flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unfinished Area (square feet): Garage _____ Basement _____ Deck _____ Other _____ = _____	
No. of Bedrooms _____ <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer <input type="checkbox"/> Well Water <input type="checkbox"/> Septic System		Finished Area (square feet) _____ All Areas TOTAL (square feet) _____	

Manufactured Home

****Skirting must be up within 60 DAYS of issuance of the Certificate of Occupancy.**

Singlewide Doublewide Year _____ Size _____ x _____ Value \$ _____

Make & Model _____ Previous Owner _____

Name on DMV Title _____ DMV Customer No. _____

Address _____ Phone _____

Contractor Information

General Contractor	VA License Number	Phone	Address
Electrician	VA License Number	Phone	Address
Customer Name on Electric Bill		Power Company	
Plumber	VA License Number	Phone	Address
Mechanical/HVAC	VA License Number	Phone	Address
Mechanic Lien Agent	Address		Phone

I hereby certify that I am the owner of record of the herein described property or that the work proposed has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules, and policies and such shall be deemed a condition entering into the exercise of this permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

Applicant _____ **Date** _____

OFFICE USE ONLY			
Tax Map # _____	Taxes Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction \$ _____	Subtotal \$ _____
Zoning _____	CCUSA No. _____	Electrical \$ _____	2% \$ _____
District _____	Septic No. _____	Plumbing \$ _____	(VA Levy Fee)
		Mechanical \$ _____	Total Fee \$ _____

