**Building Application Carroll County Department of Inspections 605-1 Pine Street SUITE C115 Hillsville, Virginia 24343 Office: 276-730-3016 Fax: 276-730-3178**

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| Contractor/Applicant Name |  |
| Applicant Phone Number |  |
|  Owners Name |  |
| Owners Mailing Address |  |
| Owner Contact Phone Number |  |
| 911 Job Site Address |  |
| **Type(s) of Permits Needed & Estimated Cost**□ Building $ \_\_\_\_\_\_\_ □ Electrical $ \_\_\_\_\_\_\_­\_ □ Plumbing $ \_\_\_\_\_\_\_ □ Mechanical $ \_\_\_\_\_\_\_ □ Fire Safety $ \_\_\_\_\_\_\_\_**Permit Information**□ Commercial □ Residential □ Church/Fellowship **Dwelling Information**□ Manufactured Home □ Stick Built □ Log □ Modular □ Block □ Post & Frame □ Other: \_\_\_\_\_\_\_\_\_\_\_\_**Miscellaneous** □ Remodel □ Addition □ Demolition □ Porch/Deck □ Garage/Carport □ Outbuilding □ Tower □ Install/Remove Tank □ Office □ Picnic Shelter □ Restaurant □ Swimming Pool **Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Well & Septic Information****Water:** □ Public □ Private **□** Existing □ Non-Existing**Septic: □** Public □ Private □ Existing □ Non- Existing **Health Department Permit Number**: |
| **Construction Information** |
| **Footings**□ Concrete □ Block □ Other:  | **Foundation Wall**□ Concrete □ Block Other:  | **Floor Construction**□ 2x6 □ 2x8 □ 2x10 □ 2x12□ I-Joist □ Trusses |
| **Dimension/ Sq Footage**□ Living Area: \_\_\_\_\_\_\_\_\_\_\_\_□ Basement: \_\_\_\_\_\_\_\_\_\_\_\_□ Garage: \_\_\_\_\_\_\_\_\_\_□ Porch/Deck: \_\_\_\_\_\_\_\_\_\_\_\_\_□ Remodel Area:  | **Wall Construction**□ 2x4 □ 2x6 □ Log□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Number of Room**□ Bedrooms: \_\_\_\_\_\_\_\_\_\_\_\_□ Bathrooms: \_\_\_\_\_\_\_\_\_\_\_ |
| **Type of Heat**□ Heat Pump □ Gas □ Wood □ Electric Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mechanics’ Lei Agent: Section 43.1 of Code of Virginia:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Electrical Information** |
| **□** Change of Service □ 200 AMP □ 200 AMP 3 Phase □400 AMP □ 400 AMP 3 Phase □ Over 600 AMP □ Misc. □ Temporary Power Pole □ Re-Connection □ Generator □ Solar □ Other: AEP Work Order Number (Temporary) 9 digit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AEP Work Order Number (Permanent) 9 digit #: |
| **Mechanical Information** ( Check all that apply) |
| □ Fuel/Gasoline □ HVAC Equipment □ Gas□ New □ Replace □ Repair |
| **Plumbing Information** ( Check all that apply) |
| □ Waterline □ Sewer Line□ New □ Replace □ Repair |
| **Fire Safety Information** ( Check all that apply) |
| □ Fire Alarm System □ Hood Suppression □ Fire Sprinkler □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ New □ Replace □ Repair |
| **VA State Licensed Contractor Information****OR****□ Owner**  | General Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible Party Signature:  |
| Electrical Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible Party Signature: |
| Mechanical Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible Party Signature: |
| Plumbing Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible Party Signature: |
| Other Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible Party Signature: |
| **REQUIEMENTS OF STATE LAW** Virginia Code Section 54.1-1111: - A. Any person applying to the building inspector or any other authority of a county, city or town in this commonwealth, charged with the duty of issuing building permits for the construction of any building, highway, sewer, or structure, or any removal, grading, improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such inspector 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, supported by subcontractor, or owner-developer pursuant to this chapter. |
| I herby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of the 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 the 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 areas described herein at any responsible hour for the purpose of enforcing the provisions of the applicable code(s).Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OFFICE USE**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tax Ticket Review: □ Paid □ UnpaidIf Unpaid Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District:  | **NOTES:** |