

BUILDING PERMIT APPLICATION

COMMERCIAL ONLY

Town of Dublin
101 Dublin Park Rd.
Dublin VA 24084

Phone: 540-674-4798
Fax: 540-674-4803



Date of Application: _____

Review period of all permit applications is a minimum of 3 business days

TYPE OF PERMIT (One application for each type of permit)

New Construction	Gas
Electrical	Fire Safety _____ (Sprinkler, Alarm, or Hood)
Plumbing	Demolition
HVAC	Sign
Asbestos Abatement	
Other	

TYPE OF WORK (Check One)

Addition	Alteration
Co-Location	New Tower
Other	

CATEGORY OF CONSTRUCTION (Check One)

Building group use:	
Type of construction:	
Currently Sprinkled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	

SCOPE OF WORK (Describe briefly, but thoroughly)

JOB SITE INFORMATION

911 Address	
City/State/ZIP	
Lot or Apt #	

PROPERTY OWNER INFORMATION

Name	
Mailing Address	
City/State/ZIP	
Phone #	Cell #

Temporary power pole? Yes No

Building Height of Principle Structure: _____

Disposal permit?

I hereby certify that I have authority to make this application and to the truthfulness of the information in the application and that if any of the information provided is incorrect, the Building/Zoning Permit may be revoked. If the permit is issued wrongfully, whether based on misinformation or an improper application of the Code, the Building/Zoning Permit may be revoked. By signing this application, I am hereby certifying that I am responsible for conveying all information relevant to this application including Building, Zoning, E&S Control Codes and all other applicable codes to the property owner and/or contractor.

Signature of Applicant _____

Printed Name of Applicant _____

Contact Number _____

Date _____

NEW CONSTRUCTION/ADDITIONS

New Building Area: _____

Number of Stories: _____

Number of Units: _____

Is the job site in the 100- year floodplain Yes No

Primary Heat Type:	Heat Pump <input type="checkbox"/>	Gas <input type="checkbox"/>	Elec. <input type="checkbox"/>
	Solar <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Other <input type="checkbox"/>

Com Check Worksheet is required at time of application for calculating heating and cooling requirements.

Balanced HVAC System Report

Foundation Type: Masonry Slab

Site Plan Yes No

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Site Plan Format: _____ Added to system: _____

CONTRACTOR INFORMATION (General or Trades)

Name: _____
 Address: _____
 Phone Number: _____
 Contractor Address: _____
 Zip Code: _____
 VA Contractor's License Number: _____

ALTERATIONS/DEMOLITIONS

Permit fees are based on the value of work performed. Including equipment and labor. This estimate includes construction costs only, minus trades estimates.

ESTIMATED COST \$ _____

OTHER REQUIRED INFORMATION

AEP Work Order Number	Temporary:	
(1-800-956-4237)	Permanent/Reconnect:	

When Applicable, the following may be required:

Site Plan Petition #: _____

Special Use Permit Petition #: _____

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Tax Map# _____ Parcel ID: _____ Zone: _____ Acreage: _____

Zoning Statement: _____

Subdivision: _____ Lot#: _____ Section: _____

Front: _____ Rear: _____ Left: _____ Right: _____ Height: _____

Remarks: _____

Approved by: C.B.O. _____ C.Z.A. _____ Approval date: _____

Town of Dublin
STATEMENT OF CONTRACTORS

MECHANICS LIEN AGENT (if applicable)

Business Name: _____ Phone # _____
Business Address: _____

GENERAL CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

ELECTRICAL CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

PLUMBING CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

HVAC CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

GAS CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

SPECIALTY CONTRACTOR (ie. Fire Alarm/Sprinkler/Suppression Systems, Sprinkler, Kitchen Hood, Asbestos, Modular, etc.)

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

OWNER'S AFFIDAVIT (Only fill out if you are the owner and doing the work yourself)

I, _____, of _____ (Current Address) affirm that I am the owner of a certain tract or 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 and I am not subject to licensure as a contractor or subcontractor.

Signature of Owner

Date

§ 54.1-111. Prerequisites to obtaining building, etc., permit. 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 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 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 an affidavit, 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 inspector 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 inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor. (Code 1950 § 54-138; 1970, c. 319; 1980, c. 634; 1988, c. 765; 1990, c. 911; 1991, c. 151; 1992, c. 713; 1995, c. 771; 1998, c. 754.)

Cross references. As to punishment for Class 3 misdemeanors, see § 18.2-11.