

**RESIDENTIAL ONLY**

Town of Dublin  
101 Dublin Park Rd.  
Dublin VA 24084

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



**BUILDING/ZONING PERMIT APPLICATION**

**Date of Application:** \_\_\_\_\_

**Both pages are to be completed.**  
**Review period of all permit applications is a minimum of 3 business days.**

**TYPE OF WORK (Check One)**

New Construction <input type="checkbox"/>	Alteration <input type="checkbox"/>
Addition <input type="checkbox"/>	Demolition <input type="checkbox"/>
Water/Sewer Line <input type="checkbox"/>	Other _____ <input type="checkbox"/>

**CATEGORY OF CONSTRUCTION (Check One)**

Single Family Dwelling <input type="checkbox"/>	Patio Home <input type="checkbox"/>
Manufactured Home <input type="checkbox"/>	Multi-family (Duplex/Townhouse/Apts) <input type="checkbox"/>
Dock <input type="checkbox"/>	Accessory Building <input type="checkbox"/>
Attached Garage <input type="checkbox"/>	Detached Garage <input type="checkbox"/>
Modular:	
On-Frame <input type="checkbox"/>	Off-Frame <input type="checkbox"/>

**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? (New homes only) Yes  No

**(grade to finished ceiling height)**

Building Height of Principle Structure: \_\_\_\_\_

Building Height of Accessory Building: \_\_\_\_\_

Year Constructed: \_\_\_\_\_

Estimated Construction Cost: \_\_\_\_\_

Disposal permit?

Check all permits needed that apply...

Electric  Plumbing  HVAC  Gas

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 Phone # \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

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: \_\_\_\_\_

**NEW CONSTRUCTION/ADDITIONS/MANUFACTURED HOMES**

Building Size (ie. 24x36): \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of Full Baths: \_\_\_\_\_

Number of Half Baths: \_\_\_\_\_

Existing Buildings on Property and Dimensions (incl. main dwelling): \_\_\_\_\_

Primary Heat Type: Heat Pump  Gas  Elec.

Solar  Oil

Hot Water  Other

**Manual J Calculations are required at time of application for calculating heating and cooling requirements.**  
(New HVAC Units Only)  
Please check which of the two testing options you will use.

Blower Door Test

Visual Inspection by Pre-Approved 3rd Party Inspector

Duct Tightness Test

Foundation Type: Masonry  Poured Wall

Other  Crawlspace: \_\_\_\_\_

Conditioned Backfill  Unconditioned Height \_\_\_\_\_

First Floor	sq. ft.
Second Floor	sq. ft.
Third Floor	sq. ft.
Basement (Fin)	sq. ft.
Basement (Unfin)	sq. ft.
Porch (w/ roof)	sq. ft.
Deck (no roof)	sq. ft.
Garage	sq. ft.
Attic/Bonus Room (over 7' & 70 sq. ft)	sq. ft.

**MANUFACTURED HOME ONLY**

Type: Single  Double  Triple

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

Front Porch/Deck Size: \_\_\_\_\_ Rear/Side Deck/Porch Size(s): \_\_\_\_\_

HUD Sticker Present? Yes  No

**OTHER REQUIRED INFORMATION**

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

AEP Work Order Number Temporary: \_\_\_\_\_

(1-800-956-4237) Permanent/Reconnect: \_\_\_\_\_

Site Plan Yes  No

**For Office Use Only** Site Plan Format: \_\_\_\_\_ Added to system: \_\_\_\_\_

**Town of Dublin**  
**STATEMENT OF CONTRACTORS**

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**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 \_\_\_\_\_

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**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.