



**NORTHAMPTON COUNTY BUILDING PERMIT APPLICATION**

16404 COURTHOUSE ROAD, PO BOX 66  
EASTVILLE, VIRGINIA 23347  
757-678-0445 757-678-0483 (fax)  
[WWW.CO.NORTHAMPTON.VA.US](http://WWW.CO.NORTHAMPTON.VA.US)

PERMIT NUMBER:  
DATE ISSUED:  
MAGISTERIAL DISTRICT:

**Submit:**  
**Health Department Permit**  
**A Site Plan**  
**2 Sets of Building Plans at**  
**110 mph wind zone**

**PROPERTY INFORMATION:**

Location of work: \_\_\_\_\_  
Property owners name: \_\_\_\_\_  
Property owners mailing address: \_\_\_\_\_  
Property owners phone #: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Contractor name: \_\_\_\_\_  
Contractor address: \_\_\_\_\_  
Contractor phone: \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Contractor license #: \_\_\_\_\_ Class \_\_\_\_\_ Expiration \_\_\_\_\_

**SCOPE OF WORK:**

Describe scope of work: \_\_\_\_\_  
Estimated cost of project: \_\_\_\_\_  
Use of proposed project: \_\_\_\_\_  
If renovation, previous use of project: \_\_\_\_\_  
Ground floor building size \_\_\_\_\_ Number of stories: \_\_\_\_\_  
Square foot each additional story: \_\_\_\_\_  
Garage or carport: \_\_\_\_\_ Square footage \_\_\_\_\_ Attached \_\_\_\_\_  
Exterior wall construction \_\_\_\_\_ Interior wall construction \_\_\_\_\_  
Exterior wall covering \_\_\_\_\_ Roof covering \_\_\_\_\_  
Type of heat \_\_\_\_\_ Central air \_\_\_\_\_ Bedroom #: \_\_\_\_\_  
Bathroom #: \_\_\_\_\_ # of decks or porches \_\_\_\_\_ Square footage each \_\_\_\_\_

**SINGLE WIDE OR DOUBLE WIDE MOBILE HOMES:**

Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
HUD number \_\_\_\_\_

**MECHANICS LIEN:**

Agents name: \_\_\_\_\_  
Agents mailing address: \_\_\_\_\_  
Agents phone number: \_\_\_\_\_

**Affadavit: I agree to comply with the requirements of the Zoning Ordinances of Northampton County, Virginia and the Virginia Uniform Statewide Building Code. I understand that this permit is permission to proceed with the work described herein and is not a license to disregard any provision of these regulations.**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant is:** \_\_\_ Property Owner \_\_\_ Licensed Contractor \_\_\_ Agent or Contractor

**OFFICE USE:**

Enterprise zone: \_\_\_Y \_\_\_N Tax map #: \_\_\_\_\_ PRN #: \_\_\_\_\_  
Zoning district: \_\_\_\_\_ Plans: \_\_\_ Rolled \_\_\_ Flat Flood zone \_\_\_\_\_  
Use group: \_\_\_\_\_ Type of construction: \_\_\_\_\_ Occupant load: \_\_\_\_\_  
Fire suppression: \_\_\_Y \_\_\_N Fire alarm: \_\_\_Y \_\_\_N ADA/FHA: \_\_\_Y \_\_\_N  
Certificate of Occupancy required \_\_\_Y \_\_\_N Operations Permit required \_\_\_Y \_\_\_N  
Elevation Certificate required: \_\_\_Y \_\_\_N As Built Elevation Certificate required: \_\_\_Y \_\_\_N  
County Business License \_\_\_Y \_\_\_N

**PERMIT FEE** \$ \_\_\_\_\_ **RECEIPT #:** \_\_\_\_\_

Health Department Approval and Date: \_\_\_\_\_  
Zoning Administrator Approval and Date \_\_\_\_\_  
Building Official Approval and Date \_\_\_\_\_

**COMMENTS:**