

Northampton County, Virginia

Building Permit Application

16404 Courthouse Rd. , P.O. Box 66

Eastville, Virginia 23347

Phone: (757) 678-0445 Fax: (757) 678-0483

You Need:

- Health Department Permit
• A Site Plan
• 2 sets of Building Plans

Permit Number _____

Date Issued _____

District _____

Property Information (Applicant, please provide information in this box)

•Location of Work
•Property Owners Name
•Property Owners Address
Property Owners Tele. No. Fax No. E-mail
•Contractors Name
•Contractors Address
•Contractors Tele. No. Fax No. E-mail
•Contractors License No. Class Expires
•Estimated Cost / Value of Construction (materials and labor)
•Describe Work Being Performed
•What will this structure be used for?
If renovation, what was the last use of this structure?
Distance To Front Property Line Distance to Rear Property Line
Distance to Left Property Line Distance to Right Property Line
•Building Size (Sq. Ft.) Ground Floor Second Floor Size
Basement Size Other Floor Size
Garage / Carport Size Is the Garage Attached to the Structure?
Exterior Wall Construction Interior Wall Construction
Exterior Wall Covering Roof Covering:
Type of Heat Central Air Conditioning Number of New Rooms
Number of Bedrooms Number of Bathrooms Number of Decks / Porches
•Is any portion of this structure located within 100 feet of the 100 year flood plain?

Affidavit: 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: the Property Owner. a Licensed Contractor. an Agent for Owner or Licensed Contractor.
•Mechanics Lien Agent Name/Address None

Zoning Information

Magisterial District: _____

Tax Map # PRN Zoning Dist. Use Meets Zoning Yes No

Land Disturbance Yes No Permit Number
Permit Required: Yes No Date Approved

Buffer Check Performed Yes No

Cert. of Elevation Provided Yes No

Building Front Rear
Setbacks: Left Side Right Side

BZA Variance/ Special Use Case # _____

Building Code Information

Use Group Type of Const. Occupant Load Applicable Code

Fire Suppression Y N Fire Alarm Y N ADA/FHA Y N Asbestos Cert. Y N Code Modification Y N

Certificate of Occupancy Required Yes No Permit Fee

Approvals

Receipt #

Health Dept Approval Date

Zoning Date

Building Official Date

Comments:

APPLICANT TO COMPLETE EACH LINE INDICATED WITH BULLETS (BLACK DOTS)

Name / Address