

Date of Application:  
PRN #  
Tax Map #  
Taxes Paid:  
Date of Issue:

SUBMIT:  
-Health Dept. Permit  
-Site Plans  
-2 sets of building plans at  
120 mph wind zone

# BUILDING PERMIT APPLICATION

## NORTHAMPTON COUNTY

16404 COURTHOUSE ROAD, P.O. BOX 538 EASTVILLE, VA 23347 PHONE (757) 678-0445 FAX (757) 678-0483

### PROPERTY INFORMATION:

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

### CONTRACTOR INFORMATION:

Contractor name: \_\_\_\_\_  
Contractor address: \_\_\_\_\_  
Contractor phone number: \_\_\_\_\_ Contractor email address: \_\_\_\_\_  
Contractor license #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration date: \_\_\_\_\_

### SCOPE OF WORK:

Describe the 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 footage of each additional story: \_\_\_\_\_  
Garage or carport: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Attached?  Yes  No  
Exterior wall construction: \_\_\_\_\_ Interior wall construction: \_\_\_\_\_  
Exterior wall covering: \_\_\_\_\_ Roof covering: \_\_\_\_\_  
Type of heat: \_\_\_\_\_ Central Air:  Yes  No # of bathrooms: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_

### SINGLE WIDE OR DOUBLE WIDE MOBILE HOMES:

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ HUD #: \_\_\_\_\_

### MECHANICS LIEN:

Agent name: \_\_\_\_\_ Agent phone number: \_\_\_\_\_

**Affidavit: I agree to comply with the requirements of the Zoning Ordinances of Northampton County, VA 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 to these regulations.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Property Owner  Licensed Contractor  Agent for Owner  Agent for Contractor

### \*\*\* OFFICE USE ONLY \*\*\*

Tax Map #: \_\_\_\_\_ Par Rec #: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Flood zone:  Yes  No Required elevation: \_\_\_\_\_ As built elevation certificate required:  Yes  No  
Plans:  Rolled  Flat Enterprise zone: \_\_\_\_\_ ADA/FHA:  Y  N County Business License: \_\_\_\_\_  
Taxes Paid:  Yes  No AFD:  Yes  No Voting district: \_\_\_\_\_ Magisterial District: \_\_\_\_\_  
Fire suppression:  Yes  No Fire alarm:  Yes  No Building Use Group: \_\_\_\_\_ Type of construction: \_\_\_\_\_  
Certificate of completion:  Yes  No Certificate of occupancy:  Yes  No Operation Permit:  Yes  No  
Applicable building code: \_\_\_\_\_  
Health Department Approval and Date: \_\_\_\_\_  
Zoning Administrator Approval and Date: \_\_\_\_\_  
Building Official Approval and Date: \_\_\_\_\_