



**PRINCE WILLIAM COUNTY**  
**Department of Development Services – Building Development Division**

**BUILDING PERMIT APPLICATION**

Version 2009-10-07

Master Permit # \_\_\_\_\_

Master Plan # **MST** \_\_\_\_\_

Model Name: \_\_\_\_\_

Zoning # **ZPA** \_\_\_\_\_

Project Name \_\_\_\_\_

Staff Use Only			
PPI Case # <b>PPI</b>		Permit # <b>BLD</b>	
Approved By:	Date Approved:	Date Issued:	
Use Group:	Type Const:	Issued By:	Work Code:
IBC ____ IRC ____	Code Year:	Suppression Req'd: Y / N	Provided: Y / N

**LOCATION OF PROPERTY**

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Landbay \_\_\_\_\_ Phase \_\_\_\_\_ Lot \_\_\_\_\_

Property Address \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

**APPLICANT: CHECK BOX TO IDENTIFY PERMIT HOLDER**

Owner/Lessee \_\_\_\_\_ Address \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

State Registration # \_\_\_\_\_ Class \_\_\_\_\_ Phone # \_\_\_\_\_

Prince William County License # \_\_\_\_\_ Home Improvement Contractor's License # \_\_\_\_\_

Master Name \_\_\_\_\_ Cert # \_\_\_\_\_

**FOR ALL RESIDENTIAL CONSTRUCTION, EXCEPT MULTI-FAMILY RENTAL, IT IS OPTIONAL TO PROVIDE THE NAME, ADDRESS AND TELEPHONE OF THE OWNER'S DESIGNATED LIEN AGENT. NO RESPONSE WILL BE MARKED AS "NONE DESIGNATED".** Lien Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

TYPE OF CONSTRUCTION:  Residential  Comm/Office  Comm/Mercantile  Industrial  Public/Institutional  Other \_\_\_\_\_

TYPE OF IMPROVEMENT:  New  Addition  Deck  Swimming Pool  Alteration/Repair  Finished Basement  Tenant Layout

Other \_\_\_\_\_

TYPE OF UNIT:  Single Family  Townhouse  Duplex  Multi-Family  Condo  Other \_\_\_\_\_

TYPE OF EROSION CONTROL TO BE PROVIDED:  Individual  Perimeter  None

TYPE OF CONSTRUCTION:  Modular  Panelized  Conventional **VALUE OF WORK OR CONTRACT COST: \$** \_\_\_\_\_

NUMBER OF DWELLING UNITS: \_\_\_\_\_ WATER SUPPLY:  Public  Private LOT IN FLOOD PLAIN:  Yes  No

NUMBER OF STORIES: \_\_\_\_\_ SEWER DISP:  Public  Private BASEMENT:  Yes  No

NUMBER OF BEDROOMS: \_\_\_\_\_ MASONRY CHIMNEY:  Yes  No SECOND KITCHEN:  Yes  No

NUMBER OF BATHROOMS: Full: \_\_\_\_\_ Half: \_\_\_\_\_ GARAGE:  Attached  Detached  None EGRESS EXISTING:  Yes  No

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT ALL CONSTRUCTION WILL COMPLY WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND APPLICABLE ORDINANCES. THE PERMIT HOLDER IS THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE VUSBC AND OTHER ORDINANCES. I REQUEST THAT A CERTIFICATE OF USE AND OCCUPANCY BE ISSUED UPON COMPLETION OF THE WORK AUTHORIZED BY THE PERMIT, PROVIDED ALL OTHER REQUIREMENTS HAVE BEEN SATISFIED.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

OWNER  CONTRACTOR  AUTHORIZED AGENT

TELEPHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

Staff Use Only		
Health Dept Approval:	# Bedrooms:	
Square Feet or Value:	Rate:	
Filing Fee Paid \$	Rec. #	
Permit Fee \$	Rec. #	
Resub Fee \$	FMO Fee \$	Spec Insp Fee \$
OP Fee \$	Lot Esc Fee \$	Proffer Fee \$
Remaining Fee Due \$	Rec. #	

**NOTICE: DETACHED GARAGES, DECKS AND SWIMMING POOLS WILL REQUIRE A SEPARATE BUILDING PERMIT APPLICATION.**

**THIS PERMIT DOES NOT INCLUDE ELECTRICAL, GAS, MECHANICAL OR PLUMBING INSTALLATIONS.**