



RESIDENTIAL BUILDING PERMIT APPLICATION

Department of Building Inspection
P.O. Box 119
Goochland, VA 23063
(804) 556-5815 Fax (804) 556-5651
TDD 711 VA Relay

Application Date: _____

Permit Number: _____

GPIN/Tax Map: _____

Issued: _____

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued. All information to be filled out completely.

This application requires two copies of construction drawings and two copies of the survey of the property (if new construction or going outside of existing footprint) showing the dimensions and shape of parcels, all new work and existing structures, and setback distances from the front, sides, and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection. A shrink swell soil report is required for all new construction.

OWNER INFORMATION	Site Address	
	Owner	Phone #
	Address	Email

APPLICANT INFORMATION	Applicant/Contact – Title	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer _____ Date _____			

CONTRACTOR INFORMATION	Contractor	Phone
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work:				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of Floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only – Excludes All Trades Permits

Value of Work	_____
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Only those individuals whose names are on the list of responsible officers can sign the permit application on behalf of a company, church, etc.

Signature of Applicant _____ Date _____

Application Fee	\$ _____
State Levy Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ _____

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel

of land located at _____ and that I have applied for a building permit. I affirm that I am not subject to licensure as a contractor or subcontractor as required by Section 54.1-1111 of the Code of Virginia.

_____ Owner's Signature

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job:

\$0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000

Add 2% State Levy to fee

Other fees that may be applicable:

RLD \$100.00 for disturbing over 10,000 square feet

Stormwater \$200 in certain subdivisions

Zoning Residential SFD \$50.00

Zoning all other structures \$ 25.00

OFFICE USE ONLY

USE _____

STORIES _____

CONSTRUCTION TYPE _____

OCCUPANT LOAD _____

CODE EDITION _____

FIRE SPRINKLER _____

FIRE ALARM _____

MODIFICATION _____

APPROVAL _____ DATE _____

Code Official