

Building Permit Application for Northumberland County, Virginia

Date: _____ Permit Number: _____ New Address:

Applicant Name: _____ Telephone #: _____

Mailing Address: _____

Owner Name: _____ Telephone #: _____

Mailing Address: _____

911 Address (Road Name & Number): _____

Contractor Name: _____

Mailing Address: _____

License #: _____ Telephone #: _____

Lien Agent Name & Address: _____

Property purchased within past year? If yes, previous owner's name: _____

Subdivision: _____ Lot #: _____

Description of Project: NEW ADDITION REMODEL/REPAIR Demolition
See attached addendum

Type of Construction: Dwelling Modular Home Double Wide Mobile Home

Deck Garage Other, explain: _____

Exterior finish: _____ # of Stories: ___ # of Rooms: ___ # of Bedrooms: ___

Interior finish: _____ Roofing Type: _____ # of Bathrooms: ___

Floor Covering: Carpet Vinyl Hardwood Cement Other: _____

Type of Heat: Heat Pump Electric Gas Oil Other: _____

Porch Size: _____ Garage Size: _____ Deck Size: _____

Basement Size: _____ Building Code: 2018 Chimney/Flue: YES NO # _____

Building Dimension: _____ Type of skirting: _____

Total Square Footage (including decks, porches, etc.): _____

Estimated Construction Value: _____

Signature of Contractor

Date

Signature of Applicant/Owner

Date

Building Official, Jerry Rushing

Date

All work will be done in accordance with this approved application and attached plans. A new application must be filed for any change. The homeowner, when listed as the contractor, will assume the responsibility and will be responsible for utilizing only State Licensed Contractors. All debris must be removed from the property.

Building & Zoning Office
P.O. Box 129
Heathsville, Virginia 22473
(804) 580-8910
FAX: (804) 580-8082

Demolition Addendum for Northumberland County, Virginia

Date of Addendum: _____

Type Of Work (Check One)

Commercial Complete

Governmental Partial/Accessory

Residential Interior Only

SCOPE OF WORK

(Describe Briefly, but thoroughly)

POST DEMOLITION USE AND GRADING

ALL DISCONNECT WORK MUST ACCOMPANY APPLICATION

Power Disconnection Date: _____

Disconnect Number: _____

Water Disconnection

Phone Company

Sanitary Sewer Lateral and Water Line Capped on

Private Property at Right of Way Line

Other Disconnection Date: _____

Septic Tank Disconnect Date: _____

Cable Company

Asbestos Report

(required for buildings built prior to 1985)

Total Cost of Demolition \$ _____

(includes cost of all labor and materials for entire project)

Date: _____

Signature: _____

By signing this application I am hereby certifying that I am responsible for conveying all information relevant to this application including Building, Zoning and Erosion and Sediment Control Codes and all other applicable codes to the property owner and/or contractor.

Signature of Applicant/Owner

Owner Must Sign Above if Contractor
is Applicant

Printed Name of Applicant

Contact Phone #

Date