Building Permit Application
Department of Neighborhood Development Services
P. O. Box 911, City Hall
Charlottesville, VA  22902
Telephone: (434) 970-3182

This application is for: □ Building  □ Tank Removal  □ Demolition  □ Fire Sprinkler/Line  □ Tent

Physical Street Address ____________________________________________________________

Tax Map and Parcel _______________________ Bldg Code: VRC or VCC (circle)

Property Owner ____________________________
Address ____________________________ City ____________ State ____ Zip _________
Phone ___________________ Email ____________________________

Lessee or Occupant ____________________________
Address ____________________________ City ____________ State ____ Zip _________
Phone ___________________ Email ____________________________

Licensed Contractor ____________________________
Contact Name ____________________________
Address ____________________________ City ____________ State ____ Zip _________
Phone ___________________ Email ____________________________
State DPOR License # ____________________________

Architect/Engineer ____________________________
Contact Name ____________________________
Address ____________________________ City ____________ State ____ Zip _________
Phone ___________________ Email ____________________________
State DPOR License # ____________________________

Mechanic’s Lien Agent (if none, write N/A) ____________________________
Contact Name ____________________________
Address ____________________________ City ____________ State ____ Zip _________
Phone ___________________ Email ____________________________

Note: Complete the Project Description on Page 2. Homeowners acting as their own contractor must also complete the affirmation on Page 3.

Incomplete applications will not be processed.
Building Permit Application: Project Description

Department of Neighborhood Development Services
P. O. Box 911, City Hall
Charlottesville, VA 22902
Telephone: (434) 970-3182

Physical Street Address ______________________________________________________
Tax Map and Parcel ____________________________________________ Bldg Code: VRC or VCC (circle)
Project Description ______________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Estimated Cost of the Project _____________________________________________

Number of Buildings ______ Number of Residential Units _____
Height (ft) ______ Number of Stories _____ Sprinkled: Yes  No
Total # of Rooms _____ Bedrooms ____ Bathrooms ____ Chimneys ____ Fire Places ____

Square Feet Per Floor

<table>
<thead>
<tr>
<th>Floor</th>
<th>Square Footage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slab</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td></td>
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<tr>
<td>3rd Floor</td>
<td></td>
</tr>
<tr>
<td>4th Floor</td>
<td></td>
</tr>
<tr>
<td>5th Floor</td>
<td></td>
</tr>
<tr>
<td>Deck/Porch</td>
<td></td>
</tr>
<tr>
<td>Crawlspace</td>
<td></td>
</tr>
<tr>
<td>Garage</td>
<td></td>
</tr>
</tbody>
</table>

As applicant, I understand that I am responsible for the accuracy of this application

Applicant (print)_______________________ (Sign)__________________________________
Phone ______________ Date ____________ Email _________________________________
When a property owner secures permit in their name, this does not give unlicensed contractors permission allowing them to do any work.

I, (name) _____________________________________________________________
of (address) __________________________________________________________
affirm that I am the owner of a certain parcel of land located at:
_____________________________________________________________________

and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia, that I have read the Section 54.1-1111 below and I am not subject to be licensed as a contractor.

Owner Signature: ____________________________________ Date _____________

§ 54.1-1111. Prerequisites to obtaining business license; building, etc., permit.
A. Any person applying to the building official or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such official or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.

It shall be unlawful for the building official or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building official, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor.
(Office Use Only) Permit #: ______________________________________________________

Electrical, Mechanical, Gas, or Plumbing Permit Application
Department of Neighborhood Development Services
P. O. Box 911, City Hall
Charlottesville, VA  22902
Telephone: (434) 970-3182

This application is for:  ☐ Electrical  ☐ Mechanical  ☐ Gas  ☐ Plumbing

Fill out separate applications for each trade or contractor.

Physical Street Address ______________________________________________________
Reference Building Permit # _________________________________________________

Property Owner _____________________________________________________________
Address __________________________ City ___________ State ____ Zip _________
Phone ___________________________ Email _______________________________________
Occupant/Tenant Name _______________________________________________________

Licensed Contractor _________________________________________________________
Contact Name ______________________________________________________________
Address __________________________ City ___________ State ____ Zip _________
Phone ___________________________ Email _______________________________________
State DPOR License # _______________________________________________________

Dominion Energy Order # (if known) __________________________________________
Gas Type:  ☐ Natural  ☐ Propane  ☐ Oil

Estimated Cost of Project _____________________________________________________

A current City business license is required regardless of BPOC status in another jurisdiction.
Contract the Commissioner of Revenue at 434-970-3160 to apply for a City business license.

I hereby acknowledge that the above information is correct and agree to comply with state and local building codes and ordinances.

Signature _________________________________________________________________
Name (please print) _______________________________________  Date ________________

Revision Date: March 22, 2023