



TOWN OF BLACKSBURG BUILDING PERMIT APPLICATION

Please read carefully. This application and all accompanying information must be submitted in full before the Building Permit can be reviewed. If you are uncertain of any information required, please contact the Building Safety Division of the Planning and Building Department at (540) 443-1325. **APPLICATION WILL NOT BE ACCEPTED IF IT IS NOT COMPLETE. RELATED DOCUMENTS MUST BE SUPPLIED FOR COMPLETION. ALL WORK SHALL COMPLY WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE.**

JOB INFORMATION

JOB ADDRESS: _____ **LOT:** _____ **UNIT:** _____ Built Prior to 1985 Yes No

PROJECT/BUSINESS NAME: _____

CONTRACTOR INFO (person doing work) *If new to Blacksburg, please fill out Contractor Information Form and submit with this application*

CONTRACTOR: _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

STATE LICENSE #: _____ **BLACKSBURG LICENSE #:** _____

CONTACT PERSON: _____ **MOBILE:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

PROPERTY OWNER INFORMATION

NAME: _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

PHONE (required): _____ **EMAIL:** _____

Is the property a rental unit? Yes No

TENANT NAME(S): _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

LIEN AGENT: _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

PERMIT INFORMATION

NEW REMODEL DEMOLITION ADDITION DECK ENERGY OTHER

DESCRIPTION OF WORK: _____

NEW SINGLE FAMILY HOME FOUNDATION: Slab Crawlspace Conditioned Crawlspace Basement

VALUE OF CONSTRUCTION (materials and labor): \$ _____ **PROPOSED USE:** _____ **CURRENT USE:** _____

RESPONSIBLE/CERTIFIED LAND DISTURBER (SINGLE FAMILY HOME):

NAME: _____ **LICENSE:** _____ **PHONE:** _____

PROPERTY / ZONING INFORMATION

SITE ADDRESS: _____

ZONING DISTRICT: _____ CUP/BZA/HDRB : _____ LOT SIZE: _____

OFFICE USE ONLY BELOW IN GRAY

MINIMUM REQUIRED SETBACKS	PROPOSED SETBACKS	ACTUAL EXISTING SETBACKS
Front	Front	Front
Side	Side	Side
Rear	Rear	Rear
MAXIMUM LOT COVERAGE	PROPOSED LOT COVERAGE	EXISTING LOT COVERAGE
MAXIMUM BUILDING HEIGHT	PROPOSED BUILDING HEIGHT	EXISTING BUILDING HEIGHT

Please provide proposed setbacks, lot coverage and height for all proposed structures, including but not limited to new construction, decks, additions, accessory structures, etc. Please provide existing setbacks, lot coverage and building height for all existing structures on the parcel.

BUILDING INFORMATION

BUILDING CODE VERSION (YEAR): _____ VBC VRC TYPE OF CONSTRUCTION: _____ USE GROUP: _____

NUMBER OF BUILDINGS: _____ NUMBER OF UNITS: _____ **SPRINKLER:** Yes No **FIRE ALARM:** Yes No

EXISTING NUMBER OF: STORIES _____ ROOMS _____ BEDROOMS _____ BATHROOMS _____

FIREPLACE _____ CHIMNEY _____

PROPOSED NUMBER OF: STORIES _____ ROOMS _____ BEDROOMS _____ BATHROOMS _____

FIREPLACE _____ CHIMNEY _____

EXISTING SQUARE FOOTAGE: BASEMENT (finished) _____ (unfinished) _____ FIRST _____ SECOND _____

THIRD _____ FOURTH _____ GARAGE _____ DECKS _____ PATIO _____ ACCESSORY STRUCTURE _____

SIDEWALKS _____ DRIVEWAY _____

PROPOSED SQUARE FOOTAGE: BASEMENT (finished) _____ (unfinished) _____ FIRST _____ SECOND _____

THIRD _____ FOURTH _____ GARAGE _____ DECKS _____ PATIO _____ ACCESSORY STRUCTURE _____

SIDEWALKS _____ DRIVEWAY _____

TOTAL SQUARE FOOTAGE: _____

WATER & SANITARY SEWER INFORMATION

TOWN WATER AVAILABLE: Yes No (Ask for help for well water)

WATER METER SIZE: 5/8" 1" 1.5" 2" HOW MANY: _____

WATER LATERAL: Yes No HOW MANY: _____

SPRINKLER: Yes No SIZE: 2" 4" 6" PIV: Yes No FDC: Yes No

TOWN SANITARY SEWER AVAILABLE: Yes No (Ask for help for septic) NUMBER OF UNITS: _____

SANITARY SEWER LATERAL: Yes No HOW MANY: _____

Thank you for completing this application. It will be processed as quickly as possible. If it is approved, you will be notified by phone or by email. Applications are processed in order of the date and time that all required plans and/or documents are received. Missing or incorrect information will result in a delay in processing. Requests for inspections will not be scheduled unless the permit number is supplied at the time of the request. Inspections require at least 24-hour advance notice. APPLICATION WILL NOT BE ACCEPTED IF IT IS NOT COMPLETE. RELATED DOCUMENTS MUST BE SUPPLIED FOR COMPLETION. ALL WORK SHALL COMPLY WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE.

PRINTED NAME: _____ **PHONE:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____

By signing this application I affirm that this application is complete and all required items are included