



Shenandoah County Government Center
600 N. Main St., Suite 107
Woodstock, VA 22664
(540) 459-6185

APPLICATION FOR BUILDING PERMIT

PERMITS APPLIED FOR Building Electric Plumbing HVAC Gas
 Zoning Alarm Suppression Demo Other _____

Owner: _____ Phone: _____ Email: _____

Mailing Address: _____

Location of Jobsite: _____ Location In: Town County

Directions from County Office: _____

Purpose of Permit: New Building Addition Alteration Remodel Other _____

Use of Proposed Structure or Building: _____

Size of Proposed Structure or Building (Includes Basement) (Square Feet): _____ Ridge Height of Purposed Structure of Building _____ Ft.

Description of Work: _____

Single Family Dwelling Mobile Home Modular Townhouse Commercial Industrial Multi-Family Dwelling

| <u>Cost of Improvement</u> | <u>Type of Construction</u> | <u>Type of Sewage Disposal</u> | <u>Type of Foundation</u> |
|----------------------------|--|---|--|
| Building: \$ _____ | _____ | <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Crawlspace |
| Electric: \$ _____ | _____ | <input type="checkbox"/> Private Septic | <input type="checkbox"/> Unfinished Basement |
| Plumbing: \$ _____ | <u>Type of Heat/AC</u> _____ _____ | <u>Type of Water Supply</u> | <input type="checkbox"/> Finished Basement |
| Heat/AC: \$ _____ | | <input type="checkbox"/> Public Water | <input type="checkbox"/> Slab on Grade |
| Other: \$ _____ | | <input type="checkbox"/> Private Well | <input type="checkbox"/> Post to Footing |
| Total: \$ _____ | _____ | <input type="checkbox"/> Other _____ | |

of Stories: _____ # of Bedrooms: _____ # of Full Baths: _____ # of Half Baths: _____ Garage: Attached Detached None

Contractor: _____ Phone #: _____ Cell #: _____

Email: _____ VA Contractor License #: _____ VA Class: A B C County License

Mechanic's Lien Agent: _____ None Designated

I Certify the Above Information is True and Correct to the best of my knowledge:

Owner Lessee Contractor Agent Architect/Engineer

Applicant Signature: _____ Phone #: _____ Email: _____

Print Name: _____ Date: _____ Best way to contact you: _____