



Department of Community Development
 21 South Bruffey Street
 P.O. Box 869
 Salem, VA 24153
 Phone: 540-375-3036 Fax: 540-375-4042
 Email: communitydev@salemva.gov

Permit Number: _____

COMMERCIAL PERMIT APPLICATION

Date of Application: _____

TYPE OF WORK (check one)		NEW CONSTRUCTION/ADDITIONS	
New Construction	Alteration		
Addition	Demolition	New Building Area: _____ Sq. Feet	
CATEGORY OF CONSTRUCTION		No. of Stories: _____	
		No. of Units: _____	
Building Primary Use: _____ Building Secondary Use: _____ Accessory Structure: (describe) _____ Other: (describe) _____		If water or sewer laterals are needed, contact Utility Collections at (540) 375-3021	
		FLOODZONE (check one)	
		Floodway	Zone AE (100 yr)
		X (500 yr)	None
SCOPE OF WORK (describe briefly, but thoroughly)		ASBESTOS	
		Was structure built prior to January 1, 1985? Y N	
		If Yes, Asbestos Survey Must Be Submitted	
		ZONING	
		Zoning District: _____	
		Site Plan/Survey Compliant: YES NO	
		Setbacks: Front: _____ Rear: _____ Right: _____ Left: _____	
		Height: _____ Approval: _____	
JOB SITE INFORMATION			
Job Address: _____			
City/State/Zip: _____			
Development Name: _____			
Tax Map/Parcel #: _____			
Existing Use: _____		Proposed Use: _____	
Lot #: _____	Block #: _____	Section #: _____	
OWNER INFORMATION			
Name: _____			
Mailing Address: _____			
City/State/Zip: _____			
Phone #: ()	Cell: ()	E-mail: _____	
CONTRACTOR INFORMATION			
Contractor Name: _____			
Address: _____			
City/State/Zip: _____			
Phone #: ()	Cell: ()		
State License #: _____	E-mail: _____		
Expiration Date: _____	City License # _____		
APPLICANT INFORMATION (if other than the owner or contractor)			
Applicant Name: _____			
Letter From Owner Giving Permission To Pull Permit: _____		YES	NO
Address: _____			
City/State/Zip: _____			
Phone #: ()	Fax: ()		
Cell: ()	E-mail: _____		

ALTERATIONS/DEMOLITIONS

Permit fees are based on the value of work performed including equipment, labor overhead and profit.

Remarks:

Total Estimated Cost: \$ _____

Special Inspections required per Section 17-1 of 2015 VCC

TRADE PERMITS INVOLVED (check all that apply)

Each Trade Will Need Individual Permits

ELECTRICAL	PLUMBING	LP GAS
MECHANICAL	SIGN	CROSS-CONNECTION
FIRE SAFETY:	Sprinkler	Alarm
		Hood

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Estimate Cost Breakdown

Building	\$ _____
Electrical	\$ _____
Plumbing	\$ _____
Mechanical	\$ _____
Fire: Alarm	\$ _____
Sprinkler	\$ _____
Hood	\$ _____
Cross Connection	\$ _____
LP Gas	\$ _____
Sign	\$ _____
TOTAL:	\$ _____

CERTIFICATION

I understand that this permit will become null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. I understand that by obtaining this permit, it may be necessary for certain City of Salem Officials to visit my property in conjunction with required inspections, tax assessments, etc.

I understand that all work is to conform to the current edition of the Virginia Uniform Statewide Building Code.

I further understand that all permit holders shall call for all required inspections as required by code. I must provide the *job address*, *inspection type*, as well as the *permit number* or the inspection may be rejected.

I hereby certify that I am the owner of record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

APPLICANT: _____ DATE: _____

OWNERS AFFIDAVIT: (Complete if Owner is Not a Licensed Contractor)

I affirm that I am the owner of the property described in this application and that I am familiar with the prerequisites of Section 54.1-111 of the Code of Virginia, as amended, and I am not subject to licensure as a contractor or subcontractor. I am also aware that it is a violation of State Law to hire or award a contract to an unlicensed contractor.

SIGNED: (Must be Notarized if Owner is Not Present in Person) _____

Subscribed and sworn before me in the _____ of _____, this _____ day of _____, 20_____.

My commission expires _____ Notary Public _____