



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: \_\_\_\_\_

**RESIDENTIAL PERMIT APPLICATION**

Date of Application \_\_\_\_\_

NEW CONSTRUCTION/ADDITIONS
# Bedrooms
# Full Baths
# Half Baths
# Stories
# Fireplaces
# Units

TYPE OF WORK (check one)	
New Construction	Alteration
Addition	Demolition

**If water or sewer laterals are needed, contact Utility Collections at (540) 375-3021**

CATEGORY OF CONSTRUCTION (check one)	
Single Family Dwelling	Modular Home
Multi-Family (Duplex, Townhouse)	Medcottage
Accessory Structure (describe)	
Other (describe)	

Heat Type: (check one)				
Heat Pump	Gas	Electric	Wood Stove	Other:
Solar	Oil	Hot Water		

SCOPE OF WORK (describe briefly, but thoroughly)

FLOODZONE (circle one)	
Floodway	Zone (500 yr)
AE (100 yr)	None

ZONING	
Zoning District:	
Site Plan/Survey Compliant:	YES NO
Zoning Setbacks: Front _____	Rear _____
Right Side _____	Left Side _____ Height _____
Zoning Approval: _____	

**JOB SITE INFORMATION**

Job Address:		
City/State/Zip:		
Subdivision Name:		
Tax Map/Parcel #:		
Lot #: _____	Block#: _____	Section #: _____

**OWNER INFORMATION**

Name:		
Mailing Address:		
City/State/Zip:		
Phone #: ( ) _____	Cell: ( ) _____	E-mail: _____

**CONTRACTOR INFORMATION**

Contractor:	Contact 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: _____

<b>ALTERATIONS/DEMOLITIONS</b>	<b>FOUNDATION TYPE (check one)</b>			
Permit fees are based on the value of work performed including equipment, labor overhead and profit.	Slab	Crawl	Basement	Other
Total Estimated Cost: \$ _____	<b>SITE PLAN/SURVEY (check one)</b>			
	Yes	No		
<b>TRADE PERMITS INVOLVED (check all that apply)</b>	<b>BUILDING AREAS</b> <span style="float:right; font-size:small;">(Office Use Only)</span>			
<b>Each Trade Will Need Individual Permits</b>	Bldg/Living Area: (finished) <span style="float:right;">Sq. feet</span>			
Electrical Mechanical Plumbing Cross Connection (Irrigation)	Basement Area			
	Concrete Walls 8 ft:	Sq. feet		
	Concrete Block Walls 8 ft:	Sq. feet		
	Add for Fin., Minimal:	Sq. feet		
	Porch/Breezeway			
Permit fees are based on the value of work performed including equipment, labor overhead and profit.	Floor Structure: Open Slab	Sq. feet		
	Open w/Steps	Sq. feet		
	Wood Deck	Sq. feet		
<b>Estimate Cost Breakdown</b>	Wall Enclosure			
Building \$ _____	Electrical \$ _____	Plumbing \$ _____	Mechanical \$ _____	Cross Connection \$ _____
<b>TOTAL: \$ _____</b>	Screen Only:	Sq. feet		
Permit fees are based on the value of work performed including equipment, labor overhead and profit.	3 Walls/Roof/Ceiling:			Sq. feet
	Roof Only:			Sq. feet
	Enclose Attached Deck or Patio			
	3 Walls/Roof/Ceiling			Sq. feet
	Roof Only			Sq. feet
	Garage			
	Detached			Sq. feet
Attached			Sq. feet	
Built-in			Sq. feet	
<b>Remarks:</b>				
Inspectors will make every effort to announce their presence to an occupied building. It is the responsibility of the applicant(s) to provide safe access to the property and to notify any person(s) or parties who may be in the occupied building during the inspection.				
<b>CERTIFICATION</b>				
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; and must provide the <u>permit number, job address, and inspection type</u> 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: _____				
<b>OWNERS AFFIDAVIT: (Complete if Owner is Not a Licensed Contractor)</b>				
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 _____				