



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

Permit Number: _____

RESIDENTIAL PERMIT APPLICATION

Date of Application _____

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

| TYPE OF WORK (circle one) | |
|---------------------------|------------|
| New Construction | Alteration |
| Addition | Demolition |

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

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

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

| 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: _____

| | | | | |
|--|---|-----------------------|----------|-------|
| ALTERATIONS/DEMOLITIONS | FOUNDATION TYPE (circle) | | | |
| Permit fees are based on the value of work performed including equipment, labor overhead and profit. | Slab | Crawl | Basement | Other |
| Total Estimated Cost: \$ _____ | SITE PLAN/SURVEY (circle one) | | | |
| | Yes | No | | |
| TRADE PERMITS INVOLVED (circle) | BUILDING AREAS (Office Use Only) | | | |
| Each Trade Will Need Individual Permits | Bldg/Living Area: (finished) | Sq. feet | | |
| 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 | | |
| Estimate Cost Breakdown | Wood Deck | Sq. feet | | |
| | Building | \$ _____ | | |
| | Electrical | \$ _____ | | |
| | Plumbing | \$ _____ | | |
| | Mechanical | \$ _____ | | |
| | Cross Connection | \$ _____ | | |
| | TOTAL: | \$ _____ | | |
| | Remarks: | Wall Enclosure | | |
| | | Screen Only: | Sq. feet | |
| | | 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 | | |
| 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 <i>job address</i> , <i>inspection type</i> , as well as the <i>permit number</i> 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 _____ | | | | |