

# COMMERCIAL PERMIT APPLICATION

Application # \_\_\_\_\_

Roanoke County / Town of Vinton - Community Development  
 5204 Bernard Dr.  
 P.O. Box 29800 Phone: 540-772-2065  
 Roanoke, VA 24018 Fax: 540-772-2108

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

TYPE OF WORK (circle)	
New construction	Alteration
Addition	Demolition

### CATEGORY OF CONSTRUCTION

Building primary use:  
 Building secondary use:  
 Accessory Structure: (describe)  
 Other: (describe)

### SCOPE OF WORK (Describe briefly, but thoroughly)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### JOB SITE INFORMATION

Primary Job Address:  
 Secondary Job Address:  
 City/State/ZIP:  
 Suite #:  
 Development: (mall, strip, apts)  
 Tax map/parcel #:

### PROPERTY OWNER

Name:  
 Mailing address:  
 City/State/ZIP:  
 Phone #: ( ) Cell #: ( )

### APPLICANT (if other than owner)

Business name:  
 Applicant name:  
 Address:  
 City/State/ZIP:  
 Phone #: ( ) Fax: ( )  
 Cell #: ( ) E-mail:  
 State License #:  
 Expiration Date: County License #:

### NEW CONSTRUCTION/ADDITIONS

New building area: \_\_\_\_\_ sq. ft.  
 # of stories \_\_\_\_\_  
 # of units \_\_\_\_\_  
 Water Source: (circle) Public Well  
 Sewage: (circle) Public Septic  
 Water/Sew/Well/Septic # \_\_\_\_\_

### ALTERATIONS/DEMOLITIONS

Permit fees are based on the value of work performed  
 Including equipment, labor, overhead and profit.  
 This estimate will not include trades.

Estimated Cost: \$ \_\_\_\_\_

### TRADE PERMITS ONLY (circle)

Electrical	Plumbing		
Mechanical			
Fire Safety:	Sprinkler	Alarm	Hood

Estimated Cost: \$ \_\_\_\_\_

### CERTIFICATION:

I hereby certify that I am the owner of the 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 applicant 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 DOES NOT PRESENT IN PERSON) \_\_\_\_\_

Subscribed and sworn before me in the \_\_\_\_\_ of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_