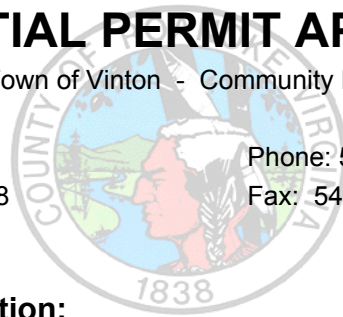


# RESIDENTIAL PERMIT APPLICATION

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 (circle)	
Single family dwelling	Patio Home
Manufactured Home	Multi-family (Duplex/Townhouse)
Accessory structure (describe)	
Other (describe)	
SCOPE OF WORK (Describe briefly, but thoroughly)	
JOB SITE INFORMATION	
Job Address:	
City/State/ZIP:	
Apt # :	
Subdivision:	Lot #:
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:

NEW CONSTRUCTION/ADDITIONS/MOBILE HOMES			
# Fireplaces:			
# Bedrooms:			
# Full Baths:			
# Half Baths:			
# Stories:			
# Units:			
Water Source:(circle)		Public	Well
Sewage:(circle)		Public	Septic
Water/Sew/Well/Septic #			
Heat Type:		Heat Pump	Gas
(Circle one)	Wood Stove	Solar	Elec.
	Hot Water		Oil
	Other:		
Foundation Type:		Slab	Crawl
(circle one)	Basement		
Living area:			sq. ft.
Garage area:			sq. ft.
Basement: (unfinished)			sq. ft.
Carport area:			sq. ft.
Deck area:			sq. ft.
Covered porch:			sq. ft.
Gazebo/Storage:			sq. ft.
MOBILE HOME ONLY			
Type:(circle)	Single	Double	Triple
Manufacturer:			
Year:			
Est. Cost: \$			
ALTERATIONS/DEMOLITIONS			
Permit fees are based on the value of work performed This will include all electrical, plumbing, and mechanical work, including equipment, labor, overhead, and profit.			
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 \_\_\_\_\_

Roanoke County  
Community Development Department  
Office of Permits and Inspections  
Phone: (540) 772-2065

Date: \_\_\_\_\_ Job Amount \$ \_\_\_\_\_

Applicant/Owner: \_\_\_\_\_

Job Location \_\_\_\_\_

You are required by Section 7-19 of the Roanoke County Code to submit a roster of all sub-contractors who are performing work under the building permit applied for. The provisions of this section apply to Owners acting as general contractors, General Contractors, Sub-Contractors, Builders and Developers, Tenants and other persons applying for permits. This form is to be completed and returned along with your permit application.

I, the undersigned, declare under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**MECHANICS LIEN AGENT (if applicable)**

Business Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Business Address: \_\_\_\_\_ Zip \_\_\_\_\_

**GENERAL CONTRACTOR**

Name: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Roanoke Co. Bus. Lic. # \_\_\_\_\_ State License #: \_\_\_\_\_

**ROSTER OF SUB CONTRACTORS**

(List information as it appears on the contractors license)

Name: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Value \$ \_\_\_\_\_  
Roanoke Co. Bus. Lic. # \_\_\_\_\_

Name: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Value \$ \_\_\_\_\_  
Roanoke Co. Bus. Lic. # \_\_\_\_\_ State License #: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Value \$ \_\_\_\_\_  
Roanoke Co. Bus. Lic. # \_\_\_\_\_ State License #: \_\_\_\_\_

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Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Value \$ \_\_\_\_\_  
Roanoke Co. Bus. Lic. # \_\_\_\_\_ State License #: \_\_\_\_\_

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Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Value \$ \_\_\_\_\_  
Roanoke Co. Bus. Lic. # \_\_\_\_\_ State License #: \_\_\_\_\_

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Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Value \$ \_\_\_\_\_  
Roanoke Co. Bus. Lic. # \_\_\_\_\_ State License #: \_\_\_\_\_