

COUNTY OF APPOMATTOX

Department of Community Development • P. O. Box 863, Appomattox, VA 24522

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inspections@appomattoxcountyva.gov

APPLICATION FOR ELECTRIC, PLUMBING AND/ OR MECHANICAL PERMIT

This permit does not include any construction work

Check appropriate box:

ELECTRIC

MECHANICAL

PLUMBING

Description of Job: _____

Estimated of total job \$ _____

OWNER INFORMATION

Owner(s): _____ Phone #: _____

Current Mailing Address: _____ City, State, Zip: _____

Applicant (if different from Owner): _____ Phone#: _____

*NOTE: Only those listed as the Owner or Applicant will be able to receive the original Certificate of Occupancy at projects completion.

Subdivision Name (if applicable): _____ Lot #: _____

Directions: _____

CONTRACTOR INFORMATION

Electrical Contractor:	Address:	Phone #:	Contractor License #:
Power Company (Circle one)	CVEC	SEC	DOMINION
Plumbing Contractor:	Address:	Phone #:	Contractor License #:
MECH/HVAC Contractor:	Address:	Phone #:	Contractor License #:

OFFICE USE ONLY

BP: _____ APPROVED BY: _____

FEE: _____ 2% LEVY: _____ TOTAL: _____

TYPE: _____ USE GROUP: _____ DODGE: _____

REQUEST FOR ELECTRIC SERVICE

The purpose(s) of electric service will be used for the following:

- Well Accessory Structure Dwelling Farm Use

An inspection will be scheduled for six months from the date the permit is issued. I fully understand that upon inspection if it is determined that the electric service for which the permit was obtained is not what the service is being used then the power will be disconnected immediately, without prior notice. The County will not be responsible for any charges that are incurred from the disconnection or reinstatement of service.

Signature: _____ Date: _____

OWNERS AFFIDAVIT

(Complete only if applicant is the owner and is listed as a contractor. This section must be notarized)

I affirm that I am the owner of the property described in this application and that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia 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.

Signature: _____ Date: _____

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

Signature: _____ My Commission Expires: _____

CERTIFICATION

I hereby certify that I am the owner of record of the herein described property or that the work proposed 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 this 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).

Signature: _____ Date: _____