COUNTY OF APPOMATTOX
Department of Community Development • P. O. Box 863, Appomattox, VA 24522
• Phone (434)352-8183 • Fax (434)352-4214
inspections@appomattoxcountyva.gov

APPLICATION FOR CONSTRUCTION PERMIT

This permit includes electric, plumbing & mechanical

Check appropriate box:

**PLANS ARE REQUIRED*

☐ SINGLE FAMILY DWELLING* ☐ ON FRAME MODULAR*
☐ MULTI FAMILY DWELLING* ☐ OFF FRAME MODULAR*

Description of Job: _____

_____

Estimated Cost 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

General Contractor:	Address:	Phone #:	Contractor License #:
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 #:

NEW CONSTRUCTION:	BASEMENT:	PORCHES / DECKS:	ATTACHED GARAGE: *(If Applicable)*
1ST Floor _____ SQ. FT. 2ND Floor _____ SQ. FT. # of Stories _____ # of Bedrooms _____ # of Bathrooms _____	☐ Unfinished ☐ Finished SQ. FT. _____ OR ☐ Crawlspace ☐ Slab	Front: _____ SQ. FT. Rear: _____ SQ. FT. Side: _____ SQ. FT.	SQ. FT. _____ BONUS ROOM: *(If Applicable)* ☐ Finished ☐Unfinished SQ. FT._____

OFFICE USE ONLY

1st FLOOR: _____ 2nd FLOOR: _____ BASEMENT: _____
PORCHES/DECKS: _____ GARAGE: _____ BONUS ROOM: _____
SUBTOTAL: _____ 2% LEVY: _____ TOTAL: _____
ZONING: _____

TYPE: _____ USE GROUP: _____ DODGE: _____ APPROVED BY: _____

MECHANICS LIEN AGENT (if applicable)

Business Name: _____ Contact #: _____

Address: _____

REQUEST FOR PERMANENT ELECTRICAL SERVICE

I hereby request permanent electrical service at the property in which I am obtaining a permit for. I am fully aware that this structure is not habitable at this time. Additional building, mechanical, plumbing or other work is required prior to approval for occupancy. At the completion of work, prior to any concealment, inspections shall be requested and work approved by the County of Appomattox Building Inspections. Occupancy will not take place until all work has been inspected and approved.

I fully understand that power will be disconnected immediately, without prior notice, if this structure is occupied without full approval from Building Inspections. I am responsible for all fees associated with reconnecting power.

I understand these provisions are fully transferable and will be assumed by any other person in the event of transfer of title or ownership of the property. I further understand I am obligated by law to reveal these provisions prior to transfer of title or ownership of this property.

I understand that the County will not be responsible for improper or unsafe use of electrical service prior to final inspection and approval.

I understand occupancy of this structure prior to the issuance of a certificate of occupancy is a violation of the Uniform Statewide Building Code and subject to a fine up to $2500 per separate offense per day, or portion thereof.

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

(All applicants must sign below)

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: _____