

## APPLICATION FOR PERMIT

**Fill out all relevant sections COMPLETELY – Incomplete applications will not be accepted**

RESIDENTIAL or  COMMERCIAL                      PAYMENT:  CASH or  CHECK

**OWNER/PROPERTY INFORMATION**

Owner's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address \_\_\_\_\_ Lot #: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_ Email: \_\_\_\_\_

**MECHANIC'S LIEN AGENT**

No Mechanic's Lien Agent Requested                       Yes Mechanic's Lien Agent Requested

Mechanic's Lien Agent Name: \_\_\_\_\_

Address & Phone #: \_\_\_\_\_

**PROPOSED CONSTRUCTION INFORMATION**

- Scope of Work**
- New Construction
  - Mobile/Modular Home
  - Accessory Building
  - Demolition
  - Addition
  - Gas
  - Electrical
  - Mechanical
  - Plumbing
  - Deck/Dock
  - Change of Use
  - Swimming Pool
  - Sign (Electrical YES NO)
  - Tent/Tank
  - Fire/Sprinkler
  - Other \_\_\_\_\_

**DESCRIBE IN DETAIL THE PROPOSED WORK BEING DONE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL COST OF WORK:** \_\_\_\_\_

BUILDING	PLUMBING	ELECTRICAL
Number of Stories _____	Health Dept Permit <input type="radio"/> Yes <input type="radio"/> NA	# of Electrical Outlets _____
Number of Bedrooms _____	# of Full Bathrooms _____	Total Service Amps (NEW) _____
Number of Fireplaces _____	# of Half Bathrooms _____	Phase _____ Volts _____
Building Size _____ W _____ L	# of Plumbing Fixtures _____	Generator Size _____
Snow Load _____ Wind Speed _____	Other _____	Other _____
Living Space (sq ft) _____	<b>COST OF JOB \$</b> _____	Utility Provider _____
Garage Area (sq ft) _____	<b>MECHANICAL</b>	<input type="radio"/> City of Danville <input type="radio"/> Dominion
Basement Area (sq ft) _____	Number of Gas Appliances _____	<input type="radio"/> Mecklenburg <input type="radio"/> AEP <input type="radio"/> Southside
1st Floor Area (sq ft) _____	Type of Heat: <input type="radio"/> Heat Pump	<b>COST OF JOB \$</b> _____
2nd Floor Area (sq ft) _____	<input type="radio"/> Gas <input type="radio"/> Electric Heat/AC	<b>MANUFACTURED HOME</b>
Porch/Deck Area (sq ft) _____	Size of Heating unit _____	Model Year _____
Floor Joist Size _____	Size of Cooling unit _____	HUD # _____
Rafter/Trusses Size _____	BTU _____	VIN # _____
Plans Submitted: <input type="radio"/> YES <input type="radio"/> NO	<b>COST OF JOB \$</b> _____	<b>COST OF JOB \$</b> _____



<p><b>Type of Contractor</b></p> <input type="radio"/> Asbestos <input type="radio"/> Building <input type="radio"/> Concrete <input type="radio"/> Electrical <input type="radio"/> Fire Sprinkler-Suppression <input type="radio"/> Gas <input type="radio"/> Mechanical <input type="radio"/> Mobile/Modular Mover <input type="radio"/> Plumbing <input type="radio"/> Other	<p>Name of Contractor: _____</p> <p>Address: _____</p> <p>Phone # _____ Email: _____</p> <p>State Contractor's License #: _____ Class: <input type="radio"/>A <input type="radio"/>B <input type="radio"/>C</p> <p>Classification: _____ Expiration Date ____/____/____</p> <p>Specialties _____ Value of Work: \$ _____</p>
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