



Building Inspection Division
 409 S Main Street
 Harrisonburg VA 22801-7531
 Tel: 540-432-7700 Fax: 540-432-7777

BUILDING PERMIT APPLICATION

APPLICANT INFORMATION

Property Owner: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No: _____
 Email: _____

CONTRACTOR INFORMATION

Work: Contracted by: _____ Performed By: _____ Supervised By: _____
 Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No: _____
 Email: _____

PLANS PREPARER INFORMATION

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Plans Filed with Application: Site Foundation Floor
 Elevations Structural Specs Truss Wall Bracing
 RESCheck COMCheck Insulation Other

Plans Prepared/Furnished By: Licensed Architect/Engineer: _____
 Plans Preparer: _____ Owner: _____

LOCATION OF WORK

Project Name: _____
 Street Address: _____

Building Information: Sprinkler System: Yes No
 No. of stories: _____ Construction Class: _____ Use Group: _____

Frame Masonry Steel Frame Concrete Other

Pre-Engineered Metal Clad Interior Only

OFFICE USE ONLY: DOC Code _____
 Fire Zone _____

Tax Map ID: Sheet _____ Block _____ Lot _____

I hereby certify that this proposed work will be done with the owner's consent and I acknowledge that I have read this application and the statements hereon and agree that the work will be done as stated.

Applicant Signature: _____

Online permitting available at permits.harrisonburgva.gov.

Building Permit Number: _____

Master or Supplement Building Permit Number: _____

Contractor's DPOR Registration Number: _____

License Class _____

Harrisonburg Business License Number: _____

Code _____
 VCC _____ VRC _____ VREHABC _____ Cycle: _____

Present Use: _____

Proposed Use: _____

Brief Description and Remarks:

M L A: _____

Estimated Total Value of Construction (including materials and labor):

\$ _____

OFFICE USE ONLY: Fee: \$ _____

State Levy: \$ _____

Total Fee: \$ _____

Amount Paid:

Application Received By: _____ Date: _____

Comp. Site Plan Submitted: _____

Zoning District _____ Substantial Improvement Y N

Flood Plain Y N BFE: _____

Section Reference: _____

Zoning Inspection Required: Y N

Zoning: Denied Approved Date: _____

Zoning Signature: _____

Engineering: Denied Approved Date: _____

Engineering Signature: _____

Other Permits Required: Elec. Plmg. Mech. Fire

Building Inspection: Denied Approved Date: _____

Building Signature: _____