



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: \_\_\_\_\_

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: \_\_\_\_\_