



NELSON COUNTY BUILDING DEPARTMENT
 P.O. Box 558
 LOVINGSTON, VA 22949
 434-263-7080/434-263-7086 (FAX)

<i>Office Use Only</i>
Date Received: _____
Date Approved/Denied _____

PERMIT APPLICATION

(PLEASE TYPE OR PRINT)

1. Applicant:

NAME: _____ PHONE: _____
 COMPANY: _____ FAX/CELL: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

2. Owner: (if different from Applicant)

NAME: _____ PHONE: _____
 ADDRESS: _____ FAX/CELL: _____
 CITY: _____ STATE: _____ ZIP: _____

3. Property Location:

911 ADDRESS: _____ TAX MAP # _____ PARCEL # _____
 DIRECTIONS: _____

4. Proposed Work:

	DESCRIPTION:
NEW: <input type="checkbox"/>	_____
ADDITION: <input type="checkbox"/>	_____
ALTERATION: <input type="checkbox"/>	_____
REPAIR: <input type="checkbox"/>	_____
BUILDING: <input type="checkbox"/>	ELECTRICAL: <input type="checkbox"/>
	PLUMBING: <input type="checkbox"/>
	MECHANICAL: <input type="checkbox"/>

(COMPLETE INFORMATION SHEET AND CONTRACTOR DISCLOSURE FOR ALL WORK CHECKED)

VALUE OF WORK _____

I CERTIFY THAT I AM DULY AUTHORIZED AND DO HEREBY MAKE APPLICATION FOR A PERMIT TO PERFORM THE WORK AS DESCRIBED ABOVE AND ON ANY ATTACHED DOCUMENTS. AS THE APPLICANT, I UNDERSTAND THAT I AM RESPONSIBLE FOR THE ACCURACY OF THIS APPLICATION AND ALL RELATED CONSTRUCTION DOCUMENTS.

APPLICANT SIGNATURE _____ DATE _____

INFORMATION SHEET

Building

(One or Two Family Dwelling)

General Information

Building		Systems	
# Stories: _____	Basement? Yes/No (circle)	Water Supply: public/private (circle)	
# Bedrooms: _____	Area Finished: _____	Sewer: public/private (circle)	
# Bathrooms: _____	Crawl Space? Yes/No (circle)	Electrical Service: _____ amp	
Finished : _____	Unfinished: _____	Heat Type	Fuel Source
# Fireplaces: _____	<input type="checkbox"/> Masonry <input type="checkbox"/> Factory-Built	<input checked="" type="checkbox"/> Baseboard	<input checked="" type="checkbox"/> Gas
Type: <input type="checkbox"/> Wood <input type="checkbox"/> Gas (vented) <input type="checkbox"/> Gas (unvented)		<input type="checkbox"/> Forced Air	<input type="checkbox"/> Electricity
# Chimneys: _____	<input type="checkbox"/> Masonry <input type="checkbox"/> Factory-Built	<input type="checkbox"/> Hydronic	<input type="checkbox"/> Solar
Attached Garage? Yes/No (circle) Area: _____		<input type="checkbox"/> Radiant	<input type="checkbox"/> Other _____
Attached Carport? Yes/No (circle) Area: _____		<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Central A/C
(detached garage/carport requires separate permit)			

Structural Information

Foundation (check all that apply)	Wall Framing (check all that apply)	Floor Framing (check all that apply)	Roof Framing (check all that apply)
<input checked="" type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Wood Stud	<input checked="" type="checkbox"/> Wood Joist	<input checked="" type="checkbox"/> Wood Rafter
<input type="checkbox"/> Masonry	<input type="checkbox"/> Metal Stud	<input type="checkbox"/> Wood I-Joist	<input type="checkbox"/> Wood I-Joist
<input type="checkbox"/> Wood	<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood Truss	<input type="checkbox"/> Wood Truss
<input type="checkbox"/> ICFs	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel Joist	<input type="checkbox"/> Metal Rafter
<input type="checkbox"/> Other _____	<input type="checkbox"/> SIPs	<input type="checkbox"/> Other _____	<input type="checkbox"/> Steel Joist
	<input type="checkbox"/> Other _____		<input type="checkbox"/> SIPs
			<input type="checkbox"/> Other _____

Additional Information

Exterior Wall Covering		Roof Covering	
<input checked="" type="checkbox"/> Wood Siding	<input checked="" type="checkbox"/> Vinyl Siding	<input checked="" type="checkbox"/> Asphalt Shingle	<input checked="" type="checkbox"/> Slate Shingle
<input type="checkbox"/> Brick/Masonry Veneer	<input type="checkbox"/> Stucco	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Metal
<input type="checkbox"/> Cement Fiber	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
Does work include installation of a temporary service? (If not, a separate permit may be required)		Yes No	
Does work include installation of underground wiring?		Yes No	

Applicant Name (please print) _____

Signature _____ Date _____

INFORMATION SHEET

Electrical

General Information	
Type of Building/Structure	Type of System
<input type="checkbox"/> New <input type="checkbox"/> Addition to Existing <input type="checkbox"/> Alteration to Existing <input type="checkbox"/> Accessory (detached garage, shed, etc.) <input type="checkbox"/> Other _____	<input type="checkbox"/> New Wiring (previously not wired) <input type="checkbox"/> Re-Wire <input type="checkbox"/> Add Circuit(s) <input type="checkbox"/> Service Change <input type="checkbox"/> Other

Specific Information		
Fixed Appliances or Equipment <small>(enter number of each type installed)</small>		Service Size <small>(please check)</small>
<input type="checkbox"/> Furnace (electric/fuel-fired) <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Heat Pump <input type="checkbox"/> Baseboard Heaters <input type="checkbox"/> Water Heater <input type="checkbox"/> Range <input type="checkbox"/> Range Hood <input type="checkbox"/> Exhaust/Ventilation Fans	<input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Dishwasher <input type="checkbox"/> Water Pump <input type="checkbox"/> Hydro-Massage Tub <input type="checkbox"/> Swimming Pool/Spa <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> 400 Amp <input type="checkbox"/> Other _____

Additional Information	
Does work include installation of a temporary service? <small>(If not, a separate permit may be required)</small>	Please Circle Yes No
Does work include installation of underground wiring?	Yes No

Applicant Name _____

Signature _____ Date _____

INFORMATION SHEET

Plumbing

General Information	
Type of Building/Structure <small>(please check)</small>	Facilities <small>(please enter number)</small>
<input type="checkbox"/> New <input type="checkbox"/> Addition to Existing <input type="checkbox"/> Alteration to Existing <input type="checkbox"/> Accessory <small>(detached garage, shed, etc.)</small> <input type="checkbox"/> Other _____	<input type="checkbox"/> Full Baths <small>(residential)</small> <input type="checkbox"/> Half Baths <small>(residential)</small> <input type="checkbox"/> Toilet Rooms <small>(non residential)</small> <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Specific Information		
Fixtures, Appliances or Equipment <small>(enter number of each type installed)</small>		Additional Fixtures, Appliances or Equipment
<input type="checkbox"/> Water Closet <input type="checkbox"/> Lavatory <input type="checkbox"/> Tub/Shower <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Kitchen Sink <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Dishwasher	<input type="checkbox"/> Washer Standpipe <input type="checkbox"/> Floor Drain <input type="checkbox"/> Water Pump <input type="checkbox"/> Hose Bibs <input type="checkbox"/> Water Heater size _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Water Conditioner <input type="checkbox"/> Sump Pump <input type="checkbox"/> Sewage Ejector <input type="checkbox"/> Sewage Pump <input type="checkbox"/> Urinal <input type="checkbox"/> Other _____

Additional Information	
Please Circle	
Does work include installation of water service piping? <small>(If not, a separate permit may be required)</small>	Yes No
Does work include installation of the building sewer? <small>(If not, a separate permit may be required)</small>	Yes No

Applicant Name _____

Signature _____ Date _____

INFORMATION SHEET

Mechanical

(HEATING, VENTILATION, AIR CONDITIONING, EXHAUST, FUEL PIPING/STORAGE)

System Information	
Proposed Work	Type of System
<input type="checkbox"/> Complete System <input type="checkbox"/> Add/Replace Components	<input type="checkbox"/> Forced Air <input type="checkbox"/> Baseboard <input type="checkbox"/> In-Floor Radiant <input type="checkbox"/> Other _____

Equipment Information		
Type of Equipment <small>(check all that apply)</small>		Type of Fuel <small>(heating equipment only)</small>
<input type="checkbox"/> Furnace <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Exhaust System <input type="checkbox"/> Ventilation System	<input type="checkbox"/> Solid Fuel Heater <small>(wood, coal)</small> <input type="checkbox"/> Gas Logs <input type="checkbox"/> Gas Heater <small>(VENTED/UNVENTED)</small> <input type="checkbox"/> Other _____	<input type="checkbox"/> Electrical <input type="checkbox"/> LP Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solar <input type="checkbox"/> Geo-Thermal <input type="checkbox"/> Other _____

Additional Information			
Please Circle			
Does work include installation of gas piping? <small>(If not, a separate permit may be required)</small>	Yes	No	
Does work include installation of tanks? <small>(If not, a separate permit may be required)</small>	Yes	No	<input type="checkbox"/> Above Ground <input type="checkbox"/> Underground <div style="text-align: right; margin-top: 5px;"> Size _____ <small>(gallons)</small> </div>
Does work include installation of duct?	Yes	No	
Does work include installation of chimney or vent?	Yes	No	

Applicant Name _____

Signature _____ Date _____



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For Office Use Only
Building Application/
Permit Number: _____

CONTRACTOR DISCLOSURE

Building: Is THIS THE GENERAL CONTRACTOR? YES/NO
(IF OWNER IS GENERAL CONTRACTOR A SIGNED AFFIDAVIT IS REQUIRED)

NAME: _____ STATE LICENSE #: _____
ADDRESS: _____ PHONE: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
VALUE OF WORK/CONTRACT AMOUNT: _____

Electrical: (IF OWNER, A SIGNED AFFIDAVIT IS REQUIRED)

NAME: _____ STATE LICENSE #: _____
ADDRESS: _____ PHONE: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
VALUE OF WORK/CONTRACT AMOUNT: _____

Plumbing: (IF OWNER, A SIGNED AFFIDAVIT IS REQUIRED)

NAME: _____ STATE LICENSE #: _____
ADDRESS: _____ PHONE: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
VALUE OF WORK/CONTRACT AMOUNT: _____

Mechanical: (IF OWNER, A SIGNED AFFIDAVIT IS REQUIRED)

NAME: _____ STATE LICENSE #: _____
ADDRESS: _____ PHONE: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
VALUE OF WORK/CONTRACT AMOUNT: _____

A Nelson County Business License is required regardless of BPOL status in another jurisdiction. Contact the Commissioner of Revenue at 434-263-7070 for information.



AFFIDAVIT

I (name) _____

(address) _____

affirm that I am the owner of a certain parcel of land located at:

_____ and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section 54.1.1111 of the Code of Virginia, that I have read the reverse side of this document and I am not subject to be licensed as a contractor.

Owner signature: _____

County/City/Town of _____
Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

(name of person seeking acknowledgment)

Notary Public

My commission expires: _____

Sect. 54.1.1111. Prerequisites to obtaining building, etc., permit. Any person applying to the building inspector or any other authority of a county, city or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement, shall furnish prior to the issuance of the permit, either satisfactory proof to such inspector or authority that he is duly licensed under the terms of this chapter to carry out or superintend the same, or file a written statement, supported by an affidavit, that he is not subject to be licensed as a contractor, subcontractor, or owner-developer pursuant to this chapter.

NOTE: It is a violation of Title 54.1, Chapter 11 of the Code of Virginia to act as a contractor without a license **or** to accept bids from an unlicensed contractor. If anyone, other than the individual named above, performs work which exceeds a value of \$1,000.00, a license is required. If the work involves the practice of a regulated trade a license is required regardless of the value. The individual named above shall be responsible for all work performed under the permit.