



PLUMBING/GAS PERMIT APPLICATION

BUILDING INSPECTION
 P.O. BOX 399
 228 N. MAIN STREET, BASEMENT FLOOR
 LAWRENCEVILLE, VA 23868
 PHONE: 434-848-2962
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 Fax: 434-848-8234

PERMIT #
ASSOCIATED PERMIT #

WORK DESCRIPTION	What type of work is to be performed? (Please Check): <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL				
	<input type="checkbox"/> PLUMBING <input type="checkbox"/> GAS <input type="checkbox"/> PLUMBING & GAS				
	WORK DESCRIPTION:				
	GAS TYPE: <input type="checkbox"/> NATURAL <input type="checkbox"/> PROPANE				
	IF PROPANE: <input type="checkbox"/> SETTING TANK <input type="checkbox"/> RUNNING PRODUCT LINE <input type="checkbox"/> PIPE AND/OR CONNECT TO APPLIANCES				
	IF PROPANE: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY				
ID	CONTRACTOR NAME:		VA STATE CONTRACTOR LICENSE #		
	CONTRACTOR ADDRESS:		PHONE NUMBER: EXPIRATION DATE:		
OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME)		PHONE NUMBER: EMAIL ADDRESS:		
	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME AS JOB LOCATION):				
JOB	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET NAME/SUBDIVISION)		TAX MAP SECTION: LOT:		
	IF APPLICABLE, WHAT IS THE SHOPPING CENTER NAME OR BUILDING NAME OR TENANT NAME?				
PLBG	What is the estimated cost of PLUMBING WORK ONLY (materials and labor)? Do not include the cost of structural, electrical, mechanical, or other auxiliary work in this estimate:		EST. COST OF WORK: \$		
GAS	What is the estimated cost of GAS WORK ONLY (materials and labor)? Do not include the cost of structural, plumbing, electrical, mechanical, or other auxiliary work in this estimate:		EST. COST OF WORK: \$		
	If the gas appliances are to be installed as part of this project, this section must be completed. Please circle the type of gas appliances that will be installed. Include BTUs. If you need to research this information, BTU information is listed on a label on the appliance and is available from the manufacturer.		Appliance	# of Appliances	
			Grand Total of BTUs (Number of appliances x BTUs per appliances)		
			Gas Dryer		
			Gas Furnace		
			Gas Logs		
			Gas Range/Oven		
Gas Water Heater					
Generator					
Other					

III	PER SECTION 113.2 OF THE UNIFORM STATE WIDE BUILDING CODE, THE BUILDING OFFICIAL MAY CONDUCT A SITE INSPECTION PRIOR TO ISSUING A PERMIT.		
APPLICANT	APPLICANT NAME (PLEASE PRINT):		
	REPRESENTING (NAME OF COMPANY):		
	APPLICANT SIGNATURE:	DATE:	
OWNER AFFIDAVIT	Complete this section only if you are an OWNER doing your own work, and are not subject to licensure as a contractor or subcontractor.		
	If you are an owner and intend to do the work or subcontract the work, an Owner Affidavit is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing the Owner Affidavit, and in turn obtaining the permit in your name, designates you, as the owner, responsible for the quality of work and compliance with applicable state and local codes. This owner affidavit must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with the section 54.1-1111 of the Code of Virginia. (Note: Lessees are owners per state law.)		
	I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER'S SIGNATURE:	DATE:	PLEASE PRINT OWNER NAME LEGIBLY:
	I, as a WITNESS, saw the owner of this property affix his/her signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the State of Virginia.		
WITNESS' SIGNATURE:	DATE:	PLEASE PRINT WITNESS' NAME LEGIBLY:	

REVISED OCTOBER 28, 2014 PLUMBING/GAS PERMIT APPLICATION
