



BUILDING PERMIT APPLICATION

BUILDING INSPECTION
 P.O. BOX 399
 102 TOBACCO STREET
 LAWRENCEVILLE, VA 23868
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PERMIT #

ASSOCIATED PERMIT #

ZONING PERMIT #

WORK DESCRIPTION	What type of work is to be performed? (Please Check): <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		
	If a garage is included, what type? (Please Check): <input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> NONE		
	What type of property improvement will be made (Please Describe):		
ID	CONTRACTOR NAME:	VA STATE CONTRACTOR LICENSE #	
	CONTRACTOR'S ADDRESS:	PHONE NUMBER:	EXPIRATION DATE:
AGENTS	ARCHITECT NAME/ADDRESS (COMMERCIAL ONLY)	PHONE NUMBER:	LICENSE #
	DEVELOPER NAME/ADDRESS (COMMERCIAL ONLY)	PHONE NUMBER:	LICENSE #
	MECHANICS LIEN AGENT-RESIDENTIAL SINGLE FAMILY ONLY	PHONE NUMBER:	LICENSE #
OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME):	PHONE NUMBER:	E-MAIL ADDRESS:
	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME AS JOB LOCATION):		
JOB INFORMATION	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET NAME/ SUBDIVISION	TAX MAP SECTION:	LOT:
	What is the estimated cost of STRUCTURAL WORK ONLY (materials and labor)? Do not include the cost of plumbing, mechanical, electrical or other auxiliary work in this estimate:	EST. COST OF CONSTRUCTION: \$	
WATER	Please Check the type of water supply to this property: <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> WELL		
	Please Check the type of disposal used by this property: <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> SEPTIC		

RESIDENTIAL ONLY

BUILDING HEIGHT
(AVG ROOF HEIGHT FROM
GRADE)

HOW MANY KITCHENS?
(SINK & 1 MAJOR APPLIANCE
= 1 KITCHEN):

OF STORIES
(EXCLUDING BASEMENT):

WILL THERE BE A
BASEMENT (CHECK)?

OF NEW BEDROOMS:

YES **NO**

STRUCTURAL

1st Floor Sq. Ft. _____ Deck _____ x _____
2nd Floor Sq. Ft. _____ Porch _____ x _____
Unfinished Basement Sq. Ft. _____ **TOTAL SQUARE FEET** _____
Finished Basement Sq. Ft. _____ Attached Garage Sq. Ft. _____
TOTAL SQUARE FEET _____ Detached Garage Sq. Ft. _____
Storage Building _____ x _____ Carport _____ x _____ Pole Shed _____ x _____
Renovation _____ Brick Veneering _____ Reroofing _____ Demolition _____
Swimming Pool _____ Boathouse/Pier _____ Other: _____

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 the 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: _____