


**APPLICATION FOR PERMIT TO BUILDING INSPECTIONS  
GREENE COUNTY, VIRGINIA**

434-985-5204 (BLDG) 434-985-5282 (ZONING) 434-985-1459 (FAX) EMAIL: inspections@gcva.us  
P.O. BOX 358, STANARDSVILLE, VA 22973 (40 Celt Rd. Room 226)  
www.greenecountyva.gov

**PERMIT NUMBER:** \_\_\_\_\_

**PERMIT TYPE:** \_\_\_\_\_

<b>1. Applicant:</b> (Name /Company)	
Mailing Address	 Do you want the permit mailed to this address? YES NO
Phone Number:	Or best # to call to pick up?
Email Address:	

**2. Property Identification/Property Owner Information:**

**Check one:** Water Source: **Public** **Well** Sewer Source: **Public Sewer** **Private Septic**

<b>Current Property Owner's Name (as listed on Tax Records)</b>	Tax Map Parcel #: Acreage:
*Site Property Street Address:	Subdivision Name: Subdivision Lot #:
*(Note: New Res/Comm Buildings: Address will be assigned during staff review)	Estimated Date of Purchase:

**3. Improvement Information:**

**Check Box:**

Description/Explanation of Improvement:	<input type="checkbox"/> New Residence /Accessory Apartment ADU	<input type="checkbox"/> New Commercial
	<input type="checkbox"/> Addition/Deck/Porch/Ramp	<input type="checkbox"/> Generator/Solar___# Panels
	<input type="checkbox"/> Remodel (Res or Commercial)	<input type="checkbox"/> Duplex/Apartments Units
	<input type="checkbox"/> Garage/Shed/Accessory Bldg.	<input type="checkbox"/> Electrical Only
	<input type="checkbox"/> Barn/Farm Use Only	<input type="checkbox"/> Mechanical Only
	<input type="checkbox"/> Pool (In-ground or Above)	<input type="checkbox"/> Plumbing Only
<input type="checkbox"/> Mobile or Double wide (Year/Make/serial #)	<input type="checkbox"/> Other (Please Explain)	
Estimated Value of Project: \$	Is owner acting as contractor? YES or NO	

**4.**

**New Residence Information or Addition/Remodel/Accessory Dwelling Use Information (Fill in boxes that apply the new project)**

Dimensions:	Compute Total Finished Square Ft:	Compute Total Unfinished Sq. Ft.:	Number of Stories : _____ (Do Not Include Basement in this number)
Basement: (Circle One) Finished or Unfinished	<u>Finished Basement</u> Square Ft. :	<u>Unfinished Basement</u> Square Ft.:	Finished Sq. Ft. on First Floor: _____ Finishes Sq. Ft. on Second Floor: _____
# of Bedrooms:	# Bathrooms:	Fire Place Type:	Type of Heat:
Garage in Basement: Yes/NO Garage Size:	Attached Garage Size:	Front Porch Size:	Rear/Side Deck Size:

**5. New Proposed: Garage/Shed/Deck/Pool/Barn or Other Information:**

Size:	Attached or Detached	Will Electric Service Installed:	Siding Type
Total Sq. Ft.:	# of Stories:	Will Plumbing Be Installed:	Estimated Value\$

You can attach copy of State Licenses. All contractors are required to have a County Business license. For more information call 985-5211

**6. Contractor Information**

**COMPLETE MAILING ADDRESS      PHONE #      VA STATE LIC #/CLASS      EXPIRATION**

Building Contractor:				
Electrical Contractor:				
Plumbing Contractor:				
Mechanical Contractor:				

**Mechanics Lien Information: (Attorney or Closing Company Assigned) Address and Phone #**

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**PERMIT NUMBER:** \_\_\_\_\_

**PERMIT TYPE:** \_\_\_\_\_

**Affidavit for Applying for Permit – Please Read**

I affirm that I am the owner/agent of a certain tract above located in Greene County and that I have applied for a permit to erect a structure on said land and/or repair/improve structure on said land. I certify that I have the consensus/approval of all property owners to apply for this permit. This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. It is my responsibility to insure adherence to all zoning, building and erosion/sediment control regulations applicable in this jurisdiction. I understand that state law prohibits illegal contracting. All contractors need a state and county license.

Signature of Owner/Authorized Agent \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**BELOW FOR OFFICE USE ONLY:**

<b>Zoning Type:</b>	<b>Zoning Notes:</b>	<b>E&amp;S Review</b>
<b>Zoning Adm. Signature:</b>		<b>Approval Signature:</b>
<b>Approval Date:</b>		<b>Approval Date:</b>
		<b>Notes:</b>
<b>Building Official Signature:</b>	<b>Notes:</b>	
<b>Approval Date:</b>	<b>Plan File Number:</b>	<b>Code Reviewed Under Code:</b>
<b>Commercial Occupant Load:</b>	<b>Construction Type:</b>	<b>Use Group:</b>

**Fees/Charges/Payments:**

**Account # for Treasurer**

**OFFICE NOTES/INTAKE NOTES:**

<b>Accessory Use/Other</b>	\$	Garage/Deck/Storage Bldg/Other
<b>Building</b>	\$	Finished Areas
<b>Unfinished Areas</b>	\$	Basement/Storage Areas
<b>Electrical</b>	\$	
<b>Plumbing</b>	\$	
<b>Mechanical /Gas</b>	\$	
<b>Subtotal</b>	\$	<b>3-100-013030-0008</b>
<b>2.0% State Surcharge</b>	\$	<b>3-100-013030-0033</b>
<b>Zoning Review</b>	\$	<b>3-100-013030-0006</b>
<b>Assign Address</b>	\$	<b>3-100-013030-0006</b>
<b>Septic Review Fee</b>	\$	<b>3-100-013030-0018</b>
<b>Erosion Fee (E&amp;S)</b>	\$	<b>3-100-013030-0032</b>
<b>S W M Fee</b>	\$	<b>3-100-013030-0035</b>
<b>Proffer Payment</b>	\$	<b>3-100-013030-0019</b>
<b>TOTAL DUE</b>		

<u>DATE PAID</u>	<u>RECEIPT #</u>	<u>CHECK</u>	<u>CASH</u>	<u>CARD</u>	<u>STAFF</u>	<u>PAYEE NAME:</u>