

COUNTY OF BLAND BUILDING PERMIT APPLICATION



P.O. BOX 510; BLAND, VA 24315
 TELEPHONE: (276).688.4622; FAX: (276).688.9758

Date _____ Your Name _____ Day Phone _____
 Cell Phone _____
 Evening Phone _____

Mailing Address _____

Owner of Property _____ Day Phone _____
 Cell Phone _____
 Evening Phone _____

Mailing Address of Owner _____

Property Street Address (if known): _____

Name of Subdivision (if applicable) _____ Lot _____

Directions to property (**Not the Street Address**): _____

Contractor's Name _____ Contractor's Phone# _____

Contractor's Address _____ License # _____

Copy of VA Contractor's License with all required Specialty Classifications is required before issuance of building permit. PLEASE SELECT CLASS.

- CLASS A** (\$120,000 or more) **CLASS C** (over \$1,000 but less than \$10,000)
 CLASS B (\$7,500 or more, but less than \$120,000) **Owner's Affidavit** (Owner Contractor)

INDICATE TYPE OF PROJECT BELOW: (Construction of house, deck, bathroom addition, etc.)

Construction Cost \$ _____ Building Height of Principle Structure _____
 Bldg. Size _____ Building Height of Accessory Structure _____

(Example: 24x 56)

CONSTRUCTION OF A HOUSE

<p><input type="checkbox"/> Square Footage of:</p> <p>1st Floor _____</p> <p>2nd Floor _____</p> <p>3rd Floor _____</p> <p>Basement (Fin.) _____</p> <p>Basement (Unfin.) _____</p> <p>Porch _____</p> <p>Deck _____</p> <p>Garage _____</p>	<p><input type="checkbox"/> Construction Type:</p> <p>Site Built <input type="checkbox"/></p> <p>Modular <input type="checkbox"/></p> <p align="center">VA PLATE STAMP/SEAL</p> <p align="center">NO. _____</p> <p><input type="checkbox"/> Provide number of:</p> <p>Bedrooms _____</p> <p>Bathrooms _____</p> <p>Half Baths _____</p>	<p><input type="checkbox"/> Provide type of:</p> <p>Foundation _____</p> <p>Framing _____</p> <p>Heat _____</p> <p><input type="checkbox"/> Other: _____</p>
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INSTALLATION OF A MANUFACTURED HOME

Year _____ Manufactured by: _____ Color _____

Type: (Single, Double) _____ Square Footage: _____

Number of: Bedrooms _____ Bathrooms _____ Half Baths _____

Name Manufactured Home is listed on DMV records: _____

Tax Map # _____ Acreage from Land Card _____

Real Estate District _____ Electrical District _____

Is there a Chimney? _____ Is there a Fireplace? _____

PRIVATE WATER AND SEWER: Provide a copy of permit issued by the Health Department; Telephone # (276) 688.3642 (A potable water sample must be obtained and passed prior to issue of Certificate of Occupancy.)

Septic # _____

PUBLIC WATER, SEWER, AND/OR GARBAGE: - Please note the following **important** information:

Public Garbage Collection is Mandatory.

Complete and submit a Public Service Authority application for service.

Connection Fees for water and sewer service must be paid in full before installation of service.

ENTRANCE PERMITS: Provide a copy of permit, or letter stating that application is being reviewed, from Virginia Dept. of Transportation (VDOT); Telephone # 276.228.2154.

BUILDING PLANS: Provide a sketch of structure or a set of building plans for review, to be retained by Building Official.

SITE PLANS are required for the following and should include: The outline of the property. All improvements on the property including other structures on the property. Distance to the front, back and side boundary lines and any existing structures located on the property. (a survey plat is recommended):

- *House *Additions *Porches *Decks
- *Garages *Storage Bldgs. *Manufactured Home *Pools

MECHANIC'S LIEN AGENT: (If none, then mark "*None Designated*")

Company Name _____

Address _____

Telephone _____ Contact Person _____

Comments: _____

Signature: _____

Date: _____

County Administration Use Only:

Zoning Official _____ Date _____

E & S Official _____ Date _____

Building Official _____ Date _____

FLOOD ZONE: Is the property located within the 100-year floodplain? (Attach Flood Map)

Yes

No

ZONING:

District: _____ Use: _____

Conditional Use Permit: _____ Permitted by Right: _____

Conservation Easement: _____ **VOF:** Approved/Denied

Use Group: _____

Notes & Comments: _____

Total Square Feet: _____
@ \$0.16 per sq. ft.: _____
or flat fee _____
2.0% state surcharge _____

Make checks payable to
Bland County Treasurer

TOTAL \$ _____