

COUNTY OF BLAND BUILDING PERMIT APPLICATION



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

Contact Information:

Your Name: _____

Phone Number: _____ () Home () Cell () Work

Email: _____

Mailing Address: _____

Owner of Property: _____

Phone Number: _____ () Home () Cell () Work

Email: _____

Mailing Address: _____

Property Street Address: _____

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

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)

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 Contractor (Written Statement)

Contractor's Name: _____ Contractor's Phone# _____

Contractor's Email: _____ License # _____

Contractor's Address _____

CONSTRUCTION OF A STRUCTURE

<u>Square Footage of:</u>	<u>Construction Type:</u>	<u>Provide Type of:</u>
1 st Floor _____	Site Built <input type="checkbox"/>	Foundation _____
2 nd Floor _____	Modular <input type="checkbox"/>	Framing _____
3 rd Floor _____		Heat _____
Basement (Fin.) _____		
Basement (Unfin.) _____	<u>Provide Number of:</u>	
Porch _____	Bedrooms _____	
Deck _____	Bathrooms _____	
Garage _____	Half Baths _____	

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 _____

PRIVATE WATER AND SEWER: Provide a copy of permit issued by the Health Department; Telephone # (276).688.4651 (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 check box: ***None Designated***)

Company Name _____

Address _____

Telephone _____ Contact Person _____

Comments:

Signature: _____

Date: _____

FLOOD ZONE: () Yes () No

ZONING:

District: _____ Use: _____

Conditional Use Permit: _____ Permitted by Right: _____

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

Use Group: _____

USBC Date: _____

Notes & Comments: _____

APPROVALS:

_____ Date _____
Zoning Administrator

_____ Date _____
E & S Official

_____ Date _____
Building Official

Total Square Feet: _____

@ \$0.16 per sq ft: _____

or flat fee _____

2.0% state surcharge _____

TOTAL \$ _____