



CITY OF FREDERICKSBURG

Building Services Division

601 Caroline Street, Suite 400
Fredericksburg, Virginia 22401

Phone: (540) 372-1080
building@fredericksburgva.gov

APPLICATION FOR BUILDING PERMIT

Date: / / Type of permit: Building, Electrical, Plumbing, Mechanical, Other _____

PROPERTY/SITE LOCATION

Street Address: _____
GPIN #: _____ Subdivision: _____ Lot #: _____

CURRENT OWNER INFORMATION

Owner's Name: _____
Owner's Address: _____
City: _____ State: _____ Zip _____ Code: _____
Phone: _____ Cell: _____ E-Mail: _____
Owner's signature: _____

BUILDING CONTRACTOR INFORMATION

SAME AS OWNER

Contractor/CompanyName: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell: _____ E-Mail: _____
Print Name: _____ *Signature: _____
Virginia Contractors License #: _____ Class: _____ Exp. Date: _____
Estimated Value of Work: _____

*By signing above, I certify that (1) I am duly licensed under the Code of Virginia to perform the work associated with this application, and/or (2) I am authorized by the above named contractor to sign on behalf of said contractor, who is duly licensed to perform the work described in this application

APPLICANT INFORMATION

SAME AS CONTRACTOR

SAME AS OWNER

Name: _____
Address: _____
City: _____ State: _____ Zip _____ Code: _____
Phone: _____ Cell: _____ E-Mail: _____
Applicant's Signature: _____

MECHANICS LIEN AGENT

Name: _____
Address: _____
City: _____ State: _____ Zip _____ Code: _____
Phone: _____ Cell: _____ E-Mail: _____

OFFICE USE ONLY

Received by: _____
Date: _____
Permit #: _____

ELECTRICAL CONTRACTOR INFORMATION

Contractor/Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ E-Mail: _____
 Print Name: _____ *Signature _____
 Virginia Contractors License#: _____ Class: _____ Exp. Date: _____
 Virginia Tradesman Certification#: _____ Exp. Date: _____
 Estimated Value of Work: _____

*By signing above, I certify that (1) I am duly licensed under the Code of Virginia to perform the work associated with this application, and/or (2) I am authorized by the above named contractor to sign on behalf of said contractor, who is duly licensed to perform the work described in this application

PLUMBING CONTRACTOR INFORMATION

Contractor/Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ E-Mail: _____
 Print Name: _____ *Signature _____
 Virginia Contractors License#: _____ Class: _____ Exp. Date: _____
 Virginia Tradesman Certification#: _____ Exp. Date: _____
 Estimated Value of Work: _____

*By signing above, I certify that (1) I am duly licensed under the Code of Virginia to perform the work associated with this application, and/or (2) I am authorized by the above named contractor to sign on behalf of said contractor, who is duly licensed to perform the work described in this application

MECHANICAL CONTRACTOR INFORMATION

Contractor/Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ E-Mail: _____
 Print Name: _____ *Signature _____
 Virginia Contractors License#: _____ Class: _____ Exp. Date: _____
 Virginia Tradesman Certification#: _____ Exp. Date: _____
 Estimated Value of Work: _____

*By signing above, I certify that (1) I am duly licensed under the Code of Virginia to perform the work associated with this application, and/or (2) I am authorized by the above named contractor to sign on behalf of said contractor, who is duly licensed to perform the work described in this application

FOR OFFICE USE ONLY

FLOODPLAIN INFORMATION

Flood Map Number and Date _____	Lowest Floor Elevation _____
Flood Zone _____	Base Flood Elevation _____

PLAN REVIEW RECORD

Type of Review	Reviewed By	Date of Review	Date of Approval	Notes
BUILDING				
ELECTRICAL				
PLUMBING				
MECHANICAL				
SITE PLAN				
PLAT				

DEPARTMENTAL APPROVALS

Type of Review	Reviewed By	Date of Review	Date of Approval	Notes
ZONING				
FIRE ALARM				
FIRE SPRINKLER				
HD SUPPRESSION				
PUBLIC WORKS				
A.R.B.				