



CITY OF FREDERICKSBURG

Building Services Division

715 Princess Anne Street

Phone: (540) 372-1080

P.O. Box 7447

Fax: (540) 310-0636

Fredericksburg, Virginia 22404

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/Company Name: _____
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

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

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

DESCRIPTION OF WORK

- Commercial
 Industrial
 Single Family Dwelling
 Townhome
 Tent or Temporary Structure
 Other _____
 New Construction
 Addition
 Alteration
 Repair/Replacement
 Shell Only
 Foundation Only
 Demolition

Type of Construction _____ Proposed Use Group _____

Occupant Load _____

Code Edition _____ Historic District _____

Area of Lot (Sq. ft.)	Number of Stories	Basement Area (Sq. Ft.)
Front Setback (Feet)	Number of Bedrooms	First Floor Area (Sq. Ft.)
Rear Setback (Feet)	Number of Full Baths	Second Floor Area (Sq. Ft.)
Left Setback (Feet)	Number of Half Baths	Additional Floors and Area (Sq. Ft.)
Right Setback (Feet)	Garage- Number of cars	Garage Area (Sq. Ft.)
Height Above Grade (Ft.)	Number of Fireplaces	Porch/Deck Area (Sq. Ft.)

PLUMBING

MECHANICAL

ELECTRICAL

Size of Meter	Heat Pump	Total Service Amps - New
Number of Fixtures	# of Gas appliances	Total Service Amps - Upgrade
Size of Water Main	Gas - Natural or Propane	Number of Circuits
Size of Sewer Main	Electric Heat/A/C	Number of Lighting Circuits
Size of Fire Line	Square Footage	Number of Power Circuits
# of Backflow Devices	Other	Square Footage
Other	Other	Other

DESCRIBE ALL PROPOSED WORK

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.				