



BOTETOURT COUNTY, DEVELOPMENT SERVICES

BUILDING & ZONING PERMIT APPLICATION

5 WEST MAIN STREET SUITE 100 FINCASTLE, VIRGINIA 24090 (office) 540.473.8248 (fax) 540.473.2018

PERMIT #

Applicant:

Phone #:

Mailing Address:

Email:

Address of work to be performed:

Subdivision:

Lot:

Sec:

Date Lot Created:

District:

Zoning:

Tax Map #:

Land Use:

Directions from Permit Office:

OWNER (If Different Than Applicant):

Phone #:

Mailing Address:

Type of Work:

Proposed Use:

Description of work to be performed / Additional Information:

- New Building
- Addition
- Alteration
- Demolition

- Single Family Dwelling
- Two or More Family
- Commercial
- Other _____

Principal Type of Framing:

Type of Sewer:

Building Dimensions:

Permit Add-Ons:

- Masonry
- Wood
- Structural Steel
- Reinforced Concrete
- Other: _____

- Public or Private (info) _____
- Individual Septic (info) _____

- Number of Stories: _____
- Total Sq. Footage: _____

- (Check all that apply)
- Permanent Power (\$50)
- Temp-Pole (\$25)
- Mobile Home Elec (\$25)
- Sewer Connect (\$25)
- Certificate of Occupancy (\$25)

Residential Buildings Only:

- Number of Rooms
- Number of Bedrooms
- Bathrooms: Full Partial

VDOT Entrance Permit:

- Attached
- Not Required

Type of Water Supply:

- Public or Private (info) _____
- Individual Well (info) _____

SWPPP:

- Permit
- E&S Agreement In Lieu
- SW Agreement In Lieu

Power Company:

Contractors: (Name)

(Contractor Lic #, Exp. Date, Business Lic #, Exp. Date)

Construction Costs:

Total: \$ _____

Elec: \$ _____

Mech: \$ _____

Plumb: \$ _____

Signature of Applicant:

Date:

For Office Use Only:

DBL Fee

Approvals:

(Signature)

(Date)

- Lien Agent: _____ Building \$ _____
- _____ Electrical \$ _____
- Date Received: _____ Mechanical \$ _____
- Address: _____ Plumbing \$ _____
- _____ Add-Ons \$ _____
- Phone: _____ SWPPP \$ _____
- Fax: _____ **Total Permit Fee:** \$ _____

Zoning Review: _____

Notes: _____

Floodplain: Yes No

Site Review: _____

Building Review: _____

Building Official: _____

DATE ISSUED:

DATE FINALED: (w/ Initials)

Call

Mail