

|  |                     |  |                         |
|--|---------------------|--|-------------------------|
| Craig County Trade Permit Application    |                     | Application # _____  |                         |
| P.O. Box 308                             |                     | <b>ELECTRICAL PERMIT (circle)</b>  |                         |
| 108 Court Street                         | Phone: 540-864-5010 | Additional wiring  | Temporary Pole          |
| New Castle, VA 24127                     | Fax: 540-864-5590   | Repair Service   | New Service             |
|  |                     | Service Change   | Replace / Repair Equip. |
|  |                     | Solar Installation   |                         |
|  |                     | Electric Co. work order #  |                         |
| Date of Application: _____               |                     | Number of Amps:  |                         |
| <b>PERMIT TYPE (circle)</b>              |                     |  |                         |
| Electrical                               | Plumbing            | Cost:  | \$ _____                |
| Mechanical                               | Fire Safety         | <b>MECHANICAL PERMIT (check)</b>   |                         |
| <b>CATEGORY OF CONSTRUCTION (circle)</b> |                     | New  | Replace                 |
| Residential                              | Commercial          | Out Door Wood Stove  | Repair                  |
| <b>SCOPE OF WORK (Describe briefly)</b>  |                     | HVAC Equip.  |                         |
|  |                     | Gas Logs   |                         |
|  |                     | Generator  |                         |
|  |                     | Cost   | \$ _____                |
| <b>PLUMBING PERMIT (Check)</b>           |                     |  |                         |
| <b>JOB SITE INFORMATION</b>              |                     | New  | Replacement             |
| *E-911 Address:                          |                     | Waterline or Sewer Line  |                         |
|  |                     | Irrigation/Lawn Sprinkler  |                         |
| City/State/Zip:                          |                     | Pool(Above or In-Ground)   |                         |
| Apt # or Suite #                         |                     | Pool Zoning Fee:   |                         |
| Development /Project Name                |                     | Cost of construction   | \$ _____                |
| Tax map / parcel #                       |                     | <b>FIRE SAFETY PERMIT (check)</b>  |                         |
| <b>PROPERTY OWNER</b>                    |                     | New  | Replace                 |
| Name:                                    |                     | Fire Alarm   | Repair                  |
| Mailing Address:                         |                     | Hood Sup.  |                         |
| City/State/Zip                           |                     | Fire Sprinkler   |                         |
| Phone # ( )                              | Cell # ( )          |  |                         |
| <b>APPLICANT (if other than owner)</b>   |                     | Cost:  | \$ _____                |
| Business Name:                           |                     | <b>DISCLAIMER</b><br>Any work not listed in the scope of work section or the individual trade boxes above on this application is not covered by the permit issued from this application. |                         |
| Applicant name:                          |                     |  |                         |
| Address:                                 |                     |  |                         |
| City/State/Zip                           |                     |  |                         |
| Phone #( )                               | Fax # ( )           |  |                         |
| Cell # ( )                               | email               |  |                         |
| State License#                           |                     |  |                         |
| Expiration Date:                         | Class License:      |  |                         |

**CERTIFICATION**

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Directions to Site from New Castle: \_\_\_\_\_

\* E-911 Addresses are required on all permits. If this is a new home, your new E-911 address will be issued after the footers are inspected. An E-911 address will be required posted prior to final inspections on **all** permits.