

Craig County Building/Zoning Permit		Application #			
P.O. Box 308		NEW CONSTRUCTION / . ADDITIONS / MOBILE HOMES			
108 Court Street	Phone: 540-864-5010	# Fireplaces:			
New Castle , VA 24127	Fax: 540-864-5590	# Bedrooms:			
Note: Permit will expire if the work does not begin within 6 months or is not completed within 3 years of the date it is issued. Date of Application:		# Full Baths:			
		# Half Baths:			
		# Stories:			
		# Units:			
TYPE OF WORK (circle)		Is Construction in Flood Plain? Yes ___ No ___ If yes, ask for Code of Ordinances 50-85			
New Construction	Alteration	Water Source: (circle)		Public	Well
Addition	Demolition	Sewage: (circle)		Public	Septic
CATEGORY OF CONSTRUCTION (circle)		Water/Sewage/Well/Septic #			
Single Family Dwelling	Patio Home				
Manufactured Home	Multi-family(Duplex)	Heat Type:	Heat Pump	Gas	Elec.
Accessory Structure (describe)			Wood Stove	Solar	Oil
Other (describe)			Hot Water		
SCOPE OF WORK (Describe briefly)			Other		
		Foundation Type:		Slab	Crawl
		(Circle One)		Basement	
		All Construction:			
		Living Area:			Sq. Feet
		Garage Area			Sq. Feet
		Basement: (unfinished)			Sq. Feet
		Carport Area:			Sq. Feet
		Deck Area:			Sq. Feet
		Covered Porch:			Sq. Feet
		Gazebo / Storage/Barn			Sq. Feet
PROPERTY OWNER		MANUFACTURED HOME ONLY			
Name:		Type (circle)	Single	Double	Triple
Mailing address:		Manufacturer:			
City / State / Zip		Year			
Phone:	Cell:	Cost:	\$		
APPLICANT (if other than owner)		Permit fees are based on square footage.			
Business name:		Sq. Footage: _____			
Contractor name:		Value of Build: _____			
Address:		Zoning Fee: _____			
City / State / Zip		Cost of Permit: _____			
Lic#	Class License				
Phone	Exp.Date:				

OWNERS AFFIDAVIT: (complete if applicant is not a licensed cont.) I affirm that I am the owner of the property described in this application and that I am familiar with the prerequisites of Section 54.1-111 of the Code of Virginia, as amended, and I am not subject to licensure as a contractor or subcontractor or subcontractor. I am also aware that it is a violation of State Law to hire or award a contract to an unlicensed contractor.

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: _____

Craig County Virginia – Building Permit Request – Application Data

Plot plan must be completed and approved prior to permit being issued.

Tax Map Parcel # _____ Zoning District _____

1. Show adjoining streets or roads to property and driveways.
2. Draw the lot(s) or parcel of land
3. Draw proposed structure(s) on the property:
 - a. show dimensions (in feet) of structure, porches, carports, garages, out buildings and basements
 - b. show setbacks (in feet) from proposed structure to front, back right and left sides of lot line
4. Show location of sewer, or proposed septic tank & well
5. Show location of power
6. Show any existing buildings or structures on property

Name: _____ (on application)

Owners Affidavit: I hereby affirm that I have measured the distances of the above setbacks and they are true and correct as stated in drawing. If measurements are found to be incorrect, I will remedy the required setbacks at my own expense.

Name: _____ Date: _____
Owner (or licensed contractor)