

Craig County Building/Zoning Permit		Application #			
P.O. Box 308, New Castle VA 24127		NEW CONSTRUCTION / . ADDITIONS / MOBILE HOMES			
108 Court Street	Phone: 540-864-5010	# Fireplaces:			
sholth@craigcountyva.gov	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.		# Full Baths:			
		# Half Baths:			
		# Stories:			
		# Units:			
Date of Application:		Is Construction in Flood Plain? Yes ___ No ___ If yes, ask for Code of Ordinances 50-85			
TYPE OF WORK (circle)		Water Source: (circle)		Public	Well
New Construction	Alteration	Sewage: (circle)		Public	Septic
Addition	Demolition	Water/Sewage/Well/Septic #			
CATEGORY OF CONSTRUCTION (circle)		Heat Type:			
Single Family Dwelling	Patio Home	Heat Pump	Gas	Elec.	
Manufactured Home	Multi-family(Duplex)	Wood Stove	Solar	Oil	
Accessory Structure (describe)		Hot Water			
Other (describe)		Other			
SCOPE OF WORK (Describe briefly)					
		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:		Cost:	\$		
Cell:					
APPLICANT (if other than owner)					
Business name:		Permit fees are based on square footage.			
Contractor name:					
Address:		Sq. Footage: _____			
City / State / Zip		Value of Build: _____			
Lic#		Zoning Fee: _____			
Class License		Cost of Permit: _____			
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)