



Building and Zoning Permit Application

108 Court Street - PO Box 308
New Castle, VA 24127
(Ph) 540-864-5010 (Fax) 540-864-5590
permits@craigcountyva.gov

Permit Type (Select all that apply)

Residential: ☐ Commercial: ☐ New: ☐ Addition: ☐ Alteration/Repair: ☐ Demolition: ☐

Scope of Work: _____

Job Site Information

Address/Directions: _____

Tax Parcel No: _____ Floodplain: ☐ Zoning: _____

Property Owner

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Applicant / Contractor

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Contractor Name: _____ License: _____

Phone: _____ Email: _____ Exp. Date: _____

Electrician: _____ Phone: _____

Mechanical: _____ Phone: _____

Plumber: _____ Phone: _____

Lien Agent: _____ Phone: _____

Permit Data (fill out what is applicable)

All Structures		Manufactured Homes	
Foundation Type -		Number of Sections -	
Number of Stories -		Manufacturer -	
Number of Bedrooms -		Year -	
Number of Full Baths -		Cost -	
Number of Half Baths -		If Applicable	
Square Footage -		Type of Heat -	
Cost of Work -		Number of Fireplaces -	
Utilities			
Water Service:	Well <input type="checkbox"/> Public <input type="checkbox"/>	Power Company:	
Sewer Service:	Septic <input type="checkbox"/> Public <input type="checkbox"/>		

Fees (to be calculated by County)

Square Footage:	Permit Fee:
Zoning Fee:	Total:

I certify that I am the Owner of the above property, or that I have been authorized to make this application as the designated agent. I agree to conform to all applicable state and local regulations, codes, rules and policies. In addition, I understand that this permit authorizes the County Inspectors to access the above described property / work area during reasonable hours to evaluate code compliance.

Signature: _____

Date: _____