



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 (Check Residential or Commercial plus a trade type)

Residential: ☐ Commercial: ☐ Electrical: ☐ HVAC / Gas: ☐ Plumbing: ☐ Fire Safety: ☐ Pool: ☐
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: _____

Project Data (fill out what is applicable)

Utilities			
Water Service:	Well <input type="checkbox"/>	Public <input type="checkbox"/>	Power Company: _____
Sewer Service:	Septic <input type="checkbox"/>	Public <input type="checkbox"/>	Work Order #: _____

Fees (to be calculated by County)

Cost of Construction:	Permit Fee:
Zoning Fee:	Total:

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 the 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).

Signature: _____

Date: _____