



COMMERCIAL BUILDING PERMIT APPLICATION

Building Department 10 Robertson St., Radford, VA 24141
Phone: (540) 267-3179 Chris.Childress@radfordva.gov

Permit#:	
Date:	
Owner <input type="checkbox"/>	Owner's Agent <input type="checkbox"/>
Contractor <input type="checkbox"/>	RDP <input type="checkbox"/>

CONTRACTOR	Virginia Contractors License #:	Type: A B C	Expiration Date:
	Master Tradesman License #:	Expiration Date:	
	Name:	Company:	
	Email:	Phone:	
	Mailing Address:	City:	
	State:	Zip Code:	
	Owner of Property:		

OWNER	Name:	Address:	
	City:	State:	Zip Code:
	Phone:	Email:	

Location of Construction:		Parcel ID:
Work Classification:	New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Other <input type="checkbox"/>	
Work Description:		
Code Edition:	Cost of Construction:	Trade related work included: Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Square Footage:	# Stories:	# Units:
Use Group(s):	Type of Construction:	Flood Zone: Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler System: Yes <input type="checkbox"/> No <input type="checkbox"/>		Fire Alarm: Yes <input type="checkbox"/> No <input type="checkbox"/>
Built Prior to 1985: Yes <input type="checkbox"/> No <input type="checkbox"/>		Asbestos Survey Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

ZONING				
District:		Building Height:		Site Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>
Setbacks:	Front:	Rear:	Left:	Right:

Remarks:

BY SIGNING BELOW, I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, AND THAT THE INFORMATION GIVEN IS CORRECT, AND THAT ALL CONSTRUCTION WILL COMPLY WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND APPLICABLE ORDINANCES. THE PERMIT HOLDER IS THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE VUSBC AND OTHER ORDINANCES. I FURTHER UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING ALL REQUIRED INSPECTIONS ARE REQUESTED AND PERFORMED.

	Printed Name:	
	Applicant Signature:	Date:

Staff	Permit Fee:		State Surcharge:		Other:	
	Water Fee:		Sewer Fee:		Total:	
	This application has been approved / denied. The permit issued is subject to all regulations pertaining to the same.					
	Building Official:					Date:
	Final Inspection:					Date: