



TRADE PERMIT APPLICATION

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

Permit#:
Date:
Residential
Commercial

Framing
 Electrical
 Mechanical
 Plumbing
 Fire Alarm
 Sprinkler
 Sign
 Demo
 Roofing

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:
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Work Classification:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Demo <input type="checkbox"/> Other
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Edition of the Code:	Cost of Construction:
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Description of work:

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:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Agent
	Applicant Signature:	Date:

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