



## RESIDENTIAL BUILDING PERMIT APPLICATION

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

Permit#:	
Date:	
Owner	Owner's Agent
Contractor	RDP

<b>CONTRACTOR</b>	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:			

<b>OWNER</b>	Name:		Address:	
	City:		State:	Zip Code:
	Phone:		Email:	

Location of Construction:	Parcel ID:
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Work Classification:	New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Other <input type="checkbox"/>
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Building Type:	Single Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Deck <input type="checkbox"/> Other <input type="checkbox"/>
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Work Description:		
Code Edition:	Cost of Construction:	Trade related work included: Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Finished Square Footage:		# Stories:
Basement Finished:	Basement Unfinished:	# Rooms:
1 <sup>st</sup> Floor:	Garage Attached:	# Bedrooms:
2 <sup>nd</sup> Floor:	Garage Detached:	# Full Baths:
3 <sup>rd</sup> Floor:	Deck(s)/Porch(s):	# Half Baths:

Mechanics Lien Agent:		Address:	
City:	State:	Zip Code:	
Phone:	Email:	None Designated: <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:

<b>Staff</b>	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: