

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Town of Cape Charles Building Department

Municipal Building

2 Plum Street

Cape Charles, VA 23310

(757) 331-3259 Fax: (757) 331-4820

Date _____

A permit is hereby requested for the following construction at:

Street address: _____ Lot #/Suite #: _____

Owner/Occupant Name: _____ Owner Phone# _____

Is there a current Sewer/Water Account open at this address? _____ Yes _____ No

Type of Work to Be Done: New Alteration Addition Demolition

Type of Construction: 1A 1B 2A 2B 2C 3A 3B 4 5A 5B

Use Group: Assembly: A1 A2 A3 A4 A5 Business: B Educational: E

Factory/Industrial: F1 F2 High Hazard: H1 H2 H3 H4 Institutional: I1 I2 I3

Mercantile: M Residential: R1 R2 R3 Storage: S1 S2 Utility/Misc: U

Note: Assembly, educational, high hazard, Industrial and high rise require architecture or engineer's seal on the plans.

Specific Use of Building/ Type of Work to be Done:

- | | | |
|---|---|---|
| <input type="checkbox"/> 3 or 4 Family | <input type="checkbox"/> 5 or More Family | <input type="checkbox"/> Amusement/Recreational |
| <input type="checkbox"/> Bulkhead/Rip Rap | <input type="checkbox"/> Boatlift/Pier | <input type="checkbox"/> Church/Religious |
| <input type="checkbox"/> Comm Parking Garage | <input type="checkbox"/> Common Area/Garage | <input type="checkbox"/> Construction Trailer |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Institutional | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Office/Professional | <input type="checkbox"/> Office Warehouse | <input type="checkbox"/> Paint Booth |
| <input type="checkbox"/> Public Works/Utilities | <input type="checkbox"/> Pumping Station | <input type="checkbox"/> Repair Garage |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail Stores | <input type="checkbox"/> Roof |
| <input type="checkbox"/> School/Educational | <input type="checkbox"/> Service Station | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Storage/Shed | <input type="checkbox"/> UST – Installation | <input type="checkbox"/> UST - Demolition |

Area of New Construction (Square Feet): _____ Cost of Construction: _____

Additional Information: _____

ALL MATERIALS MUST BE STORED ON EXISTING IMPERVIOUS SURFACE. ANY DISTURBED AREAS MUST BE REGRADED AND/OR RE-VEGETATED PRIOR TO FINAL BUILDING INSPECTION

Company Name: _____ State Registration # (Class A, B or C): _____

Address: _____ Phone #: _____ Fax #: _____

Applicants Name (Please Print): _____ Applicant's Signature: _____

I understand this permit is granted only for the work shown and described in this application. Any falsification, misrepresentation or misleading information given VOIDS this permit.