



# APPLICATION FOR COMMERCIAL BUILDING PERMIT

Town of Cape Charles Building Department

Municipal Building

2 Plum Street

Cape Charles, VA 23310

(757) 331-2176 Fax: (757) 331-4820

codeofficial@capecharles.org

**PLEASE FILL OUT FORM COMPLETELY**

Date \_\_\_\_\_

**A permit is hereby requested for the following construction at:**

Street address: \_\_\_\_\_ Lot #/Suite #: \_\_\_\_\_

Owner Name and Mailing Address: \_\_\_\_\_

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 #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fee \$: \_\_\_\_\_

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.