



APPLICATION FOR RESIDENTIAL 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

Date _____

A permit is hereby requested for the following construction at:

Street address: _____ Lot #/Suite #: _____

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

Owner/Occupant Name: _____ Owner/Occupant Phone # _____

Owner Address: _____

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

Address: _____ Phone #: _____ Fax #: _____

Type of Work to Be Done: New Alteration Addition Demolition

Specific Type of Work to be done:

- Carport
- Gazebo
- Porch
- Siding
- Sunroom/ porch enclosure
- Deck
- Mobile Home
- Roofing/Reroof
- Single Family Residence
- Swimming Pool
- Garage
- Moved Residence
- Screened Porch Alt
- Storage Shed
- UST/AST New/Alteration/ Demolition

Additional Information: _____

Area of New Construction (Square Feet):

Living Area: _____ Garage and un-Heated Area: _____ Porch/Sunroom: _____ Deck: _____ Sheds: _____

Floors: _____ Bedrooms: _____ Baths: _____

Cost of Construction: _____ Cost of Alteration: _____

Site Plan Required:

Zoning Clearance: _____ Setbacks: Front: _____ Sides: _____ Corner: _____

District: _____ Rear: _____

For New Homes Only: Responsible Land Disturber: _____

Mechanic's Lien Agent Name: _____ Phone #: _____

Address: _____

None Designated:

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

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

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