

## 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
PLEASE FILL OUT FORM COMPLETELY

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

Street address:	Lot #/Suite #:			
Is there a current Sewer/Water Accoun	t open at this address?	Yes	No	
Owner Name:	Owner Phone #			
Owner Address:				
Contractor Name:	State Registration # (	Class A, B or C):		
Address:				
Phone #:	Fax #:			
Contractor Email Address:				
Type of work to be done:New				
Specific type of work to be done:				
Carport	Deck	Garage	Garage	
Gazebo	Mobile Home	Moved Res	Moved Residence	
Porch	Roofing/Reroof	Screened Porch Alt		
Siding	Single Family ResidenceStorage Shed		ied	
Sunroom/Porch Enclosure	Swimming PoolUST	AST New/Alternation	/Demolition	
Additional Information:				
Area of New Construction (Square Feet):_				
Living Area: Garage and un-	-Heated Area:Porch/Sunroor	n:Deck:	Sheds:	
Floors: Bedrooms:	Baths:			
Cost of Construction:	Cost of Alteration:	Fee:		
Site Plan Required:				
Zoning Clearance:		<del></del>	Corner:_	
District:	Rear:			
For New Homes Only: Responsible Land	Disturber:			
Mechanic's Lien Agent Name:	Phone #:			
Address:				
None Designated:				
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 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.