

# Rockbridge County Building Permit Application

150 South Main Street, Lexington Virginia 540 463 9361

Owners Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell#(\_\_\_\_) \_\_\_\_\_

Directions from Lexington to the Site (Please Use Road Names): \_\_\_\_\_  
\_\_\_\_\_

Lien Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #:(\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

## The Zoning Department must Sign off on this Section:

Type of Zoning: \_\_\_\_\_ Tax Map #: \_\_\_\_\_ Total Acres: \_\_\_\_\_ Flood Zone:  Yes  No If Yes, Explain: \_\_\_\_\_

\_\_\_\_\_ Name of Sub-division If Applicable: \_\_\_\_\_ Lot # \_\_\_\_\_

Set-backs: **Front:** \_\_\_\_\_ **Right Side:** \_\_\_\_\_ **Left Side:** \_\_\_\_\_ **Rear:** \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## Category of Construction

### A. Commercial - Describe

# of Buildings: \_\_\_\_\_ # of Units: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Use Group: \_\_\_\_\_

Building Code Used: \_\_\_\_\_ Install Fire Suppression System \_\_\_\_\_

**B. Residential - Describe:** \_\_\_\_\_  Stick Built  Modular **C.**

**Addition or Renovation - Described:** \_\_\_\_\_ **D.**

**Electric Upgrade:** \_\_\_\_\_ Electric Company:  Barc  Dominion Virginia Power  Other \_\_\_\_\_

### E. Manufactured Home:

Double Wide  Single-wide Year Built: \_\_\_\_\_ Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Manufacturer' Name: \_\_\_\_\_

**F. Sign :**  New  Reface: \_\_\_\_\_

**G. Demo:**  Commercial OR  Residential COMMENTS: \_\_\_\_\_

**Utilities:** Public Water Public Sewage **PSA Approval:** \_\_\_\_\_

Private Well Private Septic Permit Number for Septic & Well: 181- \_\_\_\_\_

Electric Company:  Barc  Dominion Virginia Power  Other \_\_\_\_\_

## Construction Information:

Square Footage per Floor Including Additions, Remodels Decks, & Porches :

Basement: \_\_\_\_\_ 1st Floor: \_\_\_\_\_ 2nd Floor: \_\_\_\_\_ 3rd Floor: \_\_\_\_\_ Other: \_\_\_\_\_

Decks: \_\_\_\_\_ Porches: \_\_\_\_\_ Other: \_\_\_\_\_

Total Number of Rooms including bedrooms (Not closets or utility rooms) \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_ Number of Handi-cap Restrooms: \_\_\_\_\_

**Foundation Type**  Slab  Crawl  Piers OR **Basement**  Full  Half  Finished  Unfinished

**Garage If Applicable**  Attached  Detached Square Feet of Garage \_\_\_\_\_ Number of Floors \_\_\_\_\_ Height of Structure: \_\_\_\_\_

**Type of Heat**  Gas - Hp  Electric-hp  Oil  Hot Water  Other \_\_\_\_\_ Number of Fireplaces: \_\_\_\_\_  Gas  Electric

Wood Burning: \_\_\_\_\_ Other: \_\_\_\_\_

**Exterior Walls**  Stucco  Wood Siding  Vinyl  
 Brick  Metal  Log Other \_\_\_\_\_

**Type of Roof**  
 Shingle  Metal  Copper  Other \_\_\_\_\_

**Check Any Trades Being Used on this Project:**

Electric    Plumbing    Hvac (Heating System)    Gas Piping

Fire Suppression \$ \_\_\_\_\_   Sprinkler System: \$ \_\_\_\_\_

**Building Construction Cost Including Labor & All Trades:**

\$ \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

If Applicable; Provide Name, Address, Contact Person, Phone & Fax # of Design Firm:

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Plans for the Project to Include, But, Not Limited To: Foundation, Floors, Framing, Roof System, Electrical, Plumbing, Hvac, Typical Cross Section, Material List & Sprinkler System. **Plan Review Will Be Done in a Timely Manner in Order Received. Plan Review May Take up to 30 Days Depending on Number of Applications Submitted.**

**Office Use:** Date Submitted: \_\_\_\_\_ Plan Reviewer \_\_\_\_\_ Date Approved: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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