

Rockbridge County Building Permit Application

150 South Main Street, Lexington Virginia (540) 463 9361

Owners Name: _____
Mailing Address: _____ Zip: _____
Phone # (____) _____ Cell#(____) _____
Specific Directions from Lexington to the Site (Please Use Road Names): _____

Lien Agent: _____ Address: _____ Phone #: (____) _____

The Zoning Department must Sign off on this Section:

Type of Zoning: _____ Tax Map #: _____ Total Acres: _____
Set-backs: Front: _____ Right Side: _____ Left Side: _____ Rear: _____ Flood Zone: Yes No
If Yes, Explain: _____
Name of Sub-division If Applicable: _____ Lot # _____
Approved By: _____ Date: _____

Category of Construction

Commercial Describe: _____
of Buildings: _____ # of Units: _____ Type of Construction: _____ Use Group: _____
Building Code Used: _____ Install Fire Suppression System _____
Sign: New Reface: _____
Residential Describe: _____ Stick Built Modular
Electric Upgrade: _____ Addition or Renovation Described: _____

Manufactured Home:
 Double Wide Single-wide Year Built: _____ Dimensions: _____ X _____ Manufacturer' Name: _____

Demo: Commercial Residential

Utilities: Electric Company: Barc Dominion Virginia Power Other _____
Public Water Public Sewage Psa Approval: _____
Private Well Private Septic Permit Number for Septic & Well: 181- _____

Construction Information:

Square Footage per Floor Including Additions, Remodels Decks, & Porches :
Basement: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____
Decks: _____ Porches: _____
Total Number of Rooms (Living Space Only): _____ Number of Bedrooms: _____ Number of Bathrooms: _____ Number of Handi-cap Restrooms: _____

Foundation Type Slab Crawl Piers Basement Full Half Finished Unfinished

Garage If Applicable

Attached Detached Square Feet of Garage _____ Height of Structure: _____

Type of Heat Gas - Hp Electric-hp Oil Hot Water Other _____
Number of Fireplaces: _____ Gas Electric Wood
Other: _____

Exterior Walls Stucco Hardi-plank 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:
\$ _____

Office Use: Date Submitted: _____ Plan Reviewer _____ Date: _____

Applicant's Name: _____
Address: _____
Zip: _____ Phone #: (____) _____ Cell #: (____) _____
Applicant Signature: _____ Date _____
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, If Applicable; Provide Name, Address, Contact Person, Phone & Fax # of Design Firm:
Firm Name _____
Address _____
Phone # (____) _____

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.