

TRADE PERMIT APPLICATION

Rockbridge County Building Department
 150 South Main Street Phone: 540-463-9361
 Lexington VA 24450 Fax: 540-463-1466

Date of Application: _____

PERMIT TYPE (circle)	
ELECTRICAL	PLUMBING
MECHANICAL	FIRE PROTECTION
CATEGORY OF CONSTRUCTION (circle)	
RESIDENTIAL	COMMERCIAL
PROPERTY OWNER	
Name:	
Mailing address:	
City/State/Zip:	
Phone#:	
IS THE PROPERTY LOCATED IN A FLOOD ZONE?	
JOB SITE INFORMATION	
Primary Job Address:	
City/State/Zip:	
Apt# or Suite#:	
Zoning:	
Tax map/parcel#:	
SCOPE OF WORK (describe briefly)	
CONTRACTOR/APPLICANT (if other than owner)	
Business name:	
Applicant name:	
Address:	
City/State/Zip:	
Phone#:	Fax#:
Cell#:	Email:
State License:	
Expiration Date:	County License#:

PERMIT#			
ELECTRICAL PERMIT (circle)			
Additional wiring	Temporary pole		
Repair Service	New Service		
Service Change	Replace/Repair Equip.		
BARC	DVP		
Number of amps:			
Estimated Cost: \$			
MECHANICAL PERMIT (check)			
	New	Replace	Repair
Fuel/Gasline			
HVAC Equipment			
Gas Logs			
Commercial Hood			
Estimated Cost: \$			
PLUMBING PERMIT (check)			
	New	Replacement	
Waterline			
Sewer line			
Estimated Cost: \$			
FIRE PROTECTION PERMIT (check)			
	New	Replace	Repair
Fire Alarm			
Hood Suppression			
Fire Sprinkler			
Estimated Cost: \$			

APPROVED
BUILDING _____ **DATE** _____
ZONING _____ **DATE** _____

Disclaimer
 Any work not listed in the scope of work section or the individual trade boxes above on this application is not covered by the permit issued from this application.

CERTIFICATION:

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

APPLICANT: _____ DATE: _____

OWNERS AFFIDAVIT (COMPLETE IF APPLICANT IS NOT LICENSED CONTRACTOR)

I affirm that I am the owner of the property described in this application and that I am familiar with the prerequisites of Section 54.1-111 of the Code of Virginia, as amended, and I am not subject to licensure as a contractor or subcontractor. I am also aware that it is a violation of State Law to hire or award a contract to an unlicensed contractor.

SIGNED: (MUST BE NOTARIZED IF OWNER DOES NOT PRESENT IN PERSON) _____

Subscribed and sworn before me in the _____ of _____, this _____ day of _____ 20____

My commission expires _____ Notary Public _____