

DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_

**APPLICATION FOR PERMIT**  
**(please complete the *Deck Application Permit* if applying for a deck only)**

**Owner's Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**\*Owner's can act as their own contractor provided DPOR Title 54 Owner Contractor definition is met)**

**Contractor's Name** (as it appears on license): \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **VA State Contractors License Number:** \_\_\_\_\_

**\*NOTE:** If you have never obtained permits in Frederick County please attach a copy of your **state contractor's** license. Any jobs over \$25,000 will also need a **Frederick County Business License** unless you are building in the Town of Middletown or the Town of Stephens City. You would then need that town's business license. All businesses in Frederick County are required to have a Frederick County Business Licenses regardless of the job value.

**LOCATION OF JOBSITE**

**Subdivision:** \_\_\_\_\_ **Lot Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Tax Map #:** \_\_\_\_\_

**Directions to the job site:** \_\_\_\_\_

\_\_\_\_\_

**SETBACKS** (Indicate the actual distance measured from the structure to the property lines not the minimum requirements)

**Front:** \_\_\_\_\_ **Rear:** \_\_\_\_\_ **Right:** \_\_\_\_\_ **Left:** \_\_\_\_\_

**TYPE OF PERMIT APPLYING FOR:**

\_\_\_\_\_ Building \_\_\_\_\_ Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_ Sign

\_\_\_\_\_ Fire Alarm (*electrical*) \_\_\_\_\_ Fire Suppression System (*mechanical*)

**\*NOTE\***Commercial permits must separate plans by trade. See page 2, footnote 1.

**PERMIT FOR:** \_\_\_\_\_

***I hereby agree to comply with all provisions of the Virginia Uniform Statewide Building Code and the Zoning Ordinance as adopted by the County of Frederick.***

**Applicant (*signature*):** \_\_\_\_\_

**(*print*):** \_\_\_\_\_

**Applicant is:** \_\_\_\_\_ Contractor \_\_\_\_\_ Owner \_\_\_\_\_ Agent\* \_\_\_\_\_ Engineer/Architect

**Permit Representative to be contacted for permit/plan questions or permit status:**

**Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

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**BUILDING INFORMATION NEEDED FOR PERMITS**

**WATER SUPPLY/SEWAGE DISPOSAL SYSTEM**

\_\_\_\_\_ Public Water/Sewer System \_\_\_\_\_ Private Well/Septic

**MECHANICS LIEN AGENT:** \_\_\_\_\_ yes \_\_\_\_\_ no (if yes, please complete below)

Mechanics Lien Agent: \_\_\_\_\_

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

\_\_\_\_\_ Phone Number \_\_\_\_\_

**RESIDENTIAL JOB VALUE:** \_\_\_\_\_

New One & Two Family Dwelling  New Mobile/Manufacturer Home  Revision to Existing permit

New Modular/Industrialized Home  Residential Remodeling  Residential Addition

Residential Demolition (requires a letter from the utility providers (gas/electric) confirming the electric/gas has been removed)

Master Plan Number (if applicable) \_\_\_\_\_

Building Size (Dimensions) \_\_\_\_\_

Total Square Footage of Living Space \_\_\_\_\_

First Floor \_\_\_\_\_ Second Floor \_\_\_\_\_ Bonus Room \_\_\_\_\_

Total Square Footage of Basement \_\_\_\_\_

Unfinished Square Footage \_\_\_\_\_ Finished Square Footage \_\_\_\_\_

Number of Stories \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Total Number of Rooms \_\_\_\_\_

**Garage**  Detached  Attached

Dimensions of Garage: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

**Porch/Deck 1** – Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Total SF: \_\_\_\_\_

Location: Front/Rear/Side (Circle one) Concrete/Wood (Circle one) Covered/Uncovered (Circle one)

**Porch/Deck 2** – Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Total SF: \_\_\_\_\_

Location: Front or Rear (Circle one) Concrete/Wood (Circle one)

**Patio** – Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Total SF: \_\_\_\_\_ Location: Front or Rear (Circle one) Covered/Uncovered (Circle one)

Masonry Chimney

Masonry Fireplaces

**MOBILE HOMES**

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Serial Number \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Number of Bathrooms \_\_\_\_\_ Type of Heat \_\_\_\_\_

**COMMERCIAL JOB VALUE:** \_\_\_\_\_

New  Addition  Remodeling

Demolition (requires a letter from the utility providers (gas/electric) confirming the electric/gas has been removed. Additionally, Demolition/Additions/Remodeling permits on buildings constructed prior to January 1, 1985 requires an Asbestos affidavit)

Total Square Footage of Building: \_\_\_\_\_

Building Size (dimensions): \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Total Number of Rooms: \_\_\_\_\_ Use Group: \_\_\_\_\_

Occupant Load: \_\_\_\_\_

<sup>1</sup>All commercial jobs for building, signs, electrical, plumbing and mechanical will need to **submit 2 sets of plans. Please separate plans by trade.** Sprinkler plans and fire suppression systems **require 4 sets.** Residential building permits will need to submit 1 set of plans.

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**SIGNS** (please provide the following information for each sign): Job Value: \_\_\_\_\_

Type of Sign:  Wall Sign Size (dimensions): \_\_\_\_\_ Square Footage of Front of Structure: \_\_\_\_\_  
 Freestanding Sign Size (dimensions): \_\_\_\_\_ Height from Ground to Top: \_\_\_\_\_ Feet  
(freestanding signs require a plat/drawing showing the location of the sign and the distances from the property lines/  
roadway (s). All lighted signs shall be labeled and listed)  
Sign Reads: \_\_\_\_\_

**ELECTRICAL PERMIT JOB VALUE:** \_\_\_\_\_ **CONTRACTOR:** \_\_\_\_\_  
(Must have authorization if different from General Contractor)

**RESIDENTIAL**

Amp Service \_\_\_\_\_  New  Upgrade  Reconnection  
For Additions/Remodeling: Number of Switches \_\_\_\_\_ Lights \_\_\_\_\_ Receptacles \_\_\_\_\_ Total Number: \_\_\_\_\_  
Size of sub-panel (if applicable) \_\_\_\_\_

**COMMERCIAL** (please list equipment below and provide 2 sets of plans<sup>1</sup>): JOB VALUE: \_\_\_\_\_

Amp Service \_\_\_\_\_ Number of Switches \_\_\_\_\_ Lights \_\_\_\_\_ Receptacles \_\_\_\_\_ Total Number: \_\_\_\_\_  
(Quantities are required for permit submittal and shall be received prior to review of plans)  
Size of sub-panel (if applicable) \_\_\_\_\_

Fire Alarm (please provide 4 sets of plans\* and equipment specifications)  
(Commercial - List all equipment, motors, and wiring – attach sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_

**PLUMBING PERMIT: JOB VALUE:** \_\_\_\_\_ **CONTRACTOR:** \_\_\_\_\_  
(Must have authorization if different from General Contractor)

**COMMERCIAL** (list number of fixtures & provide 2 sets of plans<sup>1</sup>)  **RESIDENTIAL** (list number of fixtures)

_____ Bathroom Sink/Basins	_____ Dishwasher	_____ Floor Drains	_____ Fountains
_____ Garbage Disposal	_____ Grease Traps	_____ Laundry Tub	_____ Lawn Faucets
_____ Sewer Pump	_____ Sewer Service	_____ Shower Stall only	_____ Kitchen Sinks
_____ Sump Pumps	_____ Tub/Shower Combo	_____ Urinals	_____ Wash Machine
_____ Toilet/Water Closet	_____ Water Heater (elect)	_____ Water Service	_____ Tub Only
_____ PRV	_____ Backflow (irrigation)	_____ Well Pump	_____ Other

**MECHANICAL PERMIT: JOB VALUE:** \_\_\_\_\_ **CONTRACTOR:** \_\_\_\_\_  
(Must have authorization if different from General Contractor)

**COMMERCIAL** (list number of fixtures & provide 2 sets of plans<sup>1</sup>)  **RESIDENTIAL** (list number of fixtures)

\_\_\_\_\_ Heat Pump \_\_\_\_\_ Gas Furnace \_\_\_\_\_ A C Unit \_\_\_\_\_ Gas Piping \_\_\_\_\_ Gas Range  
\_\_\_\_\_ Gas Logs/Fireplace \_\_\_\_\_ Gas Water Heater Other \_\_\_\_\_  
\_\_\_\_\_ Size of Tanks Under 500 Gal. \_\_\_\_\_  
\_\_\_\_\_ <sup>1</sup>Sprinkler System (list type) \_\_\_\_\_ (please provide 4 sets of plans\* and equipment specifications)  
(Commercial Mechanical: list all equipment giving btu's and tons, attach sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_

**1,000 GALLON TANK:** Job Value: \_\_\_\_\_ **CONTRACTOR:** \_\_\_\_\_  
 ABOVE GROUND  INGROUND (Must have authorization if different from General Contractor)

SETBACK: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Right: \_\_\_\_\_ Left: \_\_\_\_\_