



# Rockingham County Residential Building Permit

## Application

New Home  Addition  Remodel  Garage  Storage Building  Accessory Structure  Mobile Home  Other

### Contractor Information

Company Name: \_\_\_\_\_  
License No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_

### Mechanic's Lien Agent

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_

### Location of Work

Tax Map No: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Acreage: \_\_\_\_\_  
Located within a town?  Yes  No  
Do you have zoning approval from town?  Yes  No

### Property Owner Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_

### Water Supply

County  Well  Public  Town

### Sewage Disposal

County  Septic  Public  Town

### Project Description:

New Single Family & Additions Sq. Footage	1 <sup>st</sup> floor _____ 2 <sup>nd</sup> floor _____ Basement _____ <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished Garage _____ Bonus Room _____ <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished Porch(es) _____ Deck(s) _____
	No. of Bedrooms: _____ No of Bathrooms: _____

Manufactured Homes	<input type="checkbox"/> Doublewide <input type="checkbox"/> Singlewide <input type="checkbox"/> Piers <input type="checkbox"/> Permanent Foundation
	Size _____ Year _____ Model _____ Porch(es) _____ Deck(s) _____ No. of Bedrooms: _____ No of Bathrooms: _____
	Will you have a Heat pump/Central Air? <input type="checkbox"/> Yes <input type="checkbox"/> No Mobile Home Park: _____

Subcontractors	<input type="checkbox"/> <b>Electrical Permit</b> Name of Contractor: _____ ◦New Home <input type="checkbox"/> 200 amp <input type="checkbox"/> 400 amp <input type="checkbox"/> 600 amp Will you need a temporary power pole? <input type="checkbox"/> Yes <input type="checkbox"/> No ◦Existing Structure <input type="checkbox"/> Service Upgrade/Panel Change <input type="checkbox"/> Re-wiring Sq. Ft. _____ <input type="checkbox"/> Generator
	◦Power Company <input type="checkbox"/> SVEC <input type="checkbox"/> Virginia Dominion Power
	◦Solar <input type="checkbox"/> Ground Mount <input type="checkbox"/> Roof Mount kW: _____
	<input type="checkbox"/> <b>Mechanical Permit</b> Name of Contractor: _____
	<input type="checkbox"/> <b>Plumbing Permit</b> Name of Contractor: _____
	<input type="checkbox"/> <b>Tank Permit</b> Name of Contractor: _____ Size of Tank: _____ No. of Tanks: _____ <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground <input type="checkbox"/> Interior Line <input type="checkbox"/> Exterior Line