



NORTHAMPTON COUNTY TRADE PERMIT APPLICATION

16404 Courthouse Road, PO Box 66
Eastville, Virginia 23347
678-0440(Phone) 678-0483(Fax)
WWW.CO.NORTHAMPTON.VA.US

PERMIT NUMBER:
DATE ISSUED:
MAGISTERIAL DISTRICT:

PROPERTY INFORMATION:

Location of work: _____
Property owner name: _____
Property owner mailing address: _____

TRADE CONTRACTOR INFORMATION:

Contractor name: _____
Contractor mailing address: _____
Contractor phone number: _____ Fax number: _____ Email: _____
Master Tradesman name: _____
Master Tradesman license #: _____ Class: _____ Expiration: _____

SIGNATURE OF MASTER TRADESMAN: _____ **Date:** _____

SCOPE OF WORK:

Commercial ___ Residential ___ Installation: New ___ Alteration ___ Repair ___ Replace ___
Description of work: _____

Cost of job: _____

Furnace/heater ___ Size _____ Boiler ___ Size _____

Cooling equipment ___ Size _____ Ventilation _____

Chimney/vents _____ Refrigeration type _____

Fuel type: Electric ___ LPG ___ Natural gas ___ Oil ___ Wood ___ Other ___
Wood stove _____ Geo-thermal _____

Number of gas appliances: _____ Number of gas outlets: _____

Duct work: Air conditioner ___ Heating ___ Exhaust ___ Commercial Hood ___ Other _____

Fire dampers/smoke dampers _____ Number: _____

Fire protection: Type of system: Sprinkler ___ Special agent ___ Standpipe _____

Kitchen hood system ___ Other ___ Number of sprinkler heads/outlets _____

Fire pump: Electric ___ Diesel ___ Suction tank ___ Size _____

Underground fire line _____ Risers _____ Number _____

Fire alarm system _____ Number of devices _____

Tanks: Aboveground _____ Underground _____ Size _____ Number _____

Elevators: Hydraulic ___ Traction ___ LULA ___ Residential ___ Number _____

Lifts: Automobile ___ Material ___ Other ___ Escalators ___ Number _____

County Business License: ___ Y ___ N

PROPERTY OWNER AFFIDAVIT:
Pursuant to the provisions of Section 54.1-1111 of the Code of Virginia, I hereby certify that I will be responsible for all work performed under this permit.
Signature: _____ **Date:** _____
Witness of above signature: _____

ASBESTOS CERTIFICATION:
I hereby certify that the portions of the building affected by the proposed work have been inspected/tested and any response actions taken shall comply with NESHAP and OSHA standards or are exempt from these standards.
Signature of Owner/Applicant: _____ **Date** _____

Permit Fee \$ _____
State Levy \$ _____
Total Fee \$ _____
Receipt Number: _____

APPROVALS:
Building Official _____ Date _____
Zoning _____ Date _____