



NORTHAMPTON COUNTY BUILDING PERMIT APPLICATION

16404 COURTHOUSE ROAD, PO BOX 66
EASTVILLE, VIRGINIA 23347
757-678-0445 757-678-0483 (fax)
WWW.CO.NORTHAMPTON.VA.US

PERMIT NUMBER:
DATE ISSUED:
MAGISTERIAL DISTRICT:

Submit:
Health Department Permit
A Site Plan
2 Sets of Building Plans at
110 mph wind zone

PROPERTY INFORMATION:

Location of work: _____
Property owners name: _____
Property owners mailing address: _____
Property owners phone #: _____

CONTRACTOR INFORMATION:

Contractor name: _____
Contractor address: _____
Contractor phone: _____ Cell _____ Fax _____ Email _____
Contractor license #: _____ Class _____ Expiration _____

SCOPE OF WORK:

Describe scope of work: _____
Estimated cost of project: _____
Use of proposed project: _____
If renovation, previous use of project: _____
Ground floor building size _____ Number of stories: _____
Square foot each additional story: _____
Garage or carport: _____ Square footage _____ Attached _____
Exterior wall construction _____ Interior wall construction _____
Exterior wall covering _____ Roof covering _____
Type of heat _____ Central air _____ Bedroom #: _____
Bathroom #: _____ # of decks or porches _____ Square footage each _____

SINGLE WIDE OR DOUBLE WIDE MOBILE HOMES:

Year _____ Model _____ Color _____
HUD number _____

MECHANICS LIEN:

Agents name: _____
Agents mailing address: _____
Agents phone number: _____

Affadavit: I agree to comply with the requirements of the Zoning Ordinances of Northampton County, Virginia and the Virginia Uniform Statewide Building Code. I understand that this permit is permission to proceed with the work described herein and is not a license to disregard any provision of these regulations.
Signature: _____ Date: _____
Applicant is: _____ Property Owner _____ Licensed Contractor _____ Agent or Contractor

OFFICE USE:

Enterprise zone: ___Y ___N Tax map #: _____ PRN #: _____
Zoning district: _____ Plans: ___Rolled ___Flat Flood zone _____
Use group: ___Type construction ___Applicable Code _____ Occupant load: _____
Fire suppression: ___Y ___N Fire alarm: ___Y ___N ADA/FHA: ___Y ___N
Certificate of Occupancy required ___Y ___N Operations Permit required ___Y ___N
Elevation Certificate required: ___Y ___N As Built Elevation Certificate required: ___Y ___N
County Business License ___Y ___N

PERMIT FEE \$ _____ RECEIPT #: _____

Health Department Approval and Date: _____
Zoning Administrator Approval and Date _____
Building Official Approval and Date _____

COMMENTS:

