

CBPA _____

BUILDING PERMIT APPLICATION

BLDG Permit # **B** _____



City of Norfolk

Department of Planning & Community Development
Division of Building Construction Services
400 Granby Street, Norfolk, Virginia 23510 (757) 664-6565

LP SP NP

Project Address _____ **Unit #** _____ **Application Date** _____

Applicant: Owner Contractor Agent Design Professional

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	
Name _____	Contractor's Name _____ Phone # _____
Address _____	Contact Person _____ Phone # _____
City/State/Zip _____	Contractor's State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Phone # _____ Fax# _____	Contractor's Business Address _____
Email Address _____	Fax # _____ Cell Phone # _____ Email _____

Work to be performed <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family	Type of Work: <input type="checkbox"/> New Structure <input type="checkbox"/> Demo <input type="checkbox"/> Fire Alarm/Supp. <input type="checkbox"/> Repair/Alt <input type="checkbox"/> Roof <input type="checkbox"/> Pool <input type="checkbox"/> Addition <input type="checkbox"/> Siding <input type="checkbox"/> Sign Other _____	Project Cost \$ _____	I agree to do the above work in conformity with the Ordinances & Regulations of the City of Norfolk & the Uniform Statewide Bldg. Code. Print Name _____ Signature _____ Date _____ Remarks _____
		Use Group _____	
		Construction Type _____	
		Square Foot _____	

I ELECT to participate in the tax abatement program _____ **I DECLINE participation in the tax abatement program** _____

Approval From Other Departments _____

Address (7th Floor City Hall) _____

Driveways (2nd Floor City Hall) _____

Water (Granby St.) _____ Sewer(Granby St.) _____

Environmental _____

Mechanics Lien Agent _____

Name _____ Phone _____

Address _____ City/State _____

Zoning _____ # of DU's _____ # of stories _____ Flood zone _____ Conforming Y N

Zoning Remarks _____

Zoning Approval _____ Date _____

Total Approved Occupancy Load _____

Building Remarks _____

_____ **Reviewed by** _____ Date _____

Plan Review Fee \$ _____ Admin Fee \$ _____ Permit Fee \$ _____

1% Surcharge _____ Total Fee \$ _____ Cash _____ Check # _____ Cashier _____