

Tazewell County, Virginia



Department of Building Safety
173 Main Street, Tazewell, Virginia 24651
Phone#: 276-385-1215
NEW CONSTRUCTION APPLICATION

Owner Name or Agent: _____

Last First Middle Initial

(REQUIRED)(PROJECT) Physical Address: _____

City/Town State Zip Code

Mailing Address: _____

City/Town State Zip Code

Telephone: _____ Cell Phone: _____ EMAIL: _____

(REQUIRED)County Tax Parcel #: _____ Estimated Cost of Construction: \$ _____

Town Permit # (if applicable): _____ Town of: _____

Water: PSA _____ Town _____ Well _____ SEWER: PSA: _____ Town: _____ Septic: _____

Health Department Permit #: _____ Issue Date: _____

Approved by (Name of Health Dept. Rep): _____

Type of Work: NEW _____ ADDITION _____ RESIDENTIAL _____ COMMERCIAL _____ SINGLE FAMILY _____

TOWNHOUSE _____ DUPLEX _____ APARTMENT _____ PUBLIC _____ CONDO _____

INDUSTRIAL _____ DOUBLE WIDE _____ MODULAR _____ SINGLEWIDE _____

Scope of Work in Detail: _____

Will this home be in a park? YES _____ NO _____ / _____

Name of Park New/Used

Width _____ Length _____ Height _____ Color _____

Garage/Carport: _____ SQ. FT Basement: _____ SQ.FT

Bonus Rooms: _____ SQ.FT Total: _____ SQ.FT

Number of: BATHS _____ BEDROOMS _____ Electrical Service Size: _____ AMP

IF THE DISTURBED AREAS IS 10,000 OR OVER IT WILL REQUIRE ENGINEERING APPROVAL BEFORE PERMIT CAN BE ISSUED!!

Will the disturbed area be 10,000 square feet or more? _____

PLAN SHEETS AND CROSS SECTIONS ARE REQUIRED FOR MINOR PROJECTS

I affirm all information on this application is true and accurate. I will inform the Building Official of any and all changes made to this approved application.

Signature _____ Date: _____

Signature

Tazewell County, Virginia



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Contractor Information Form

Contractor Name or Company: _____

Address: _____

Telephone #: _____ Cell #: _____ Email: _____

(REQUIRED) Virginia Contractor's License #: _____

Class A: _____ B _____ C _____ Tradesman _____

License Type: BLD _____ ELE _____ PLB _____ HVAC _____ OTHER _____

Subcontractors: **(REQUIRED)**

Plumbing: _____ License #: _____ Exp: _____

Electrical: _____ License #: _____ Exp: _____

HVAC: _____ License #: _____ Exp: _____

Other: _____ License #: _____ Exp: _____

Do you have a Mechanic Lien: Yes _____ No _____

OFFICE USE ONLY

Plans Submitted: Yes _____ No _____ Approved _____ Denied _____

Use Group _____ Type _____ Code Year _____ District _____

Zoning _____ Enterprise Zone: Yes _____ No _____ Flood Plain Type _____

Permit Number _____ Permit Fee: \$ _____

Mechanic Lien Agent: _____

Address: _____

Address: _____

Phone #: _____ Contact Name: _____