



## RESIDENTIAL BUILDING PERMIT APPLICATION

Rockingham County Community Development  
 20 E Gay St  
 Harrisonburg VA, 22802  
 Office (540) 564-3030  
 Fax (540) 564-2922

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: \_\_\_\_\_

### Applicant Information

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

### Property Owner Information

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

### Mechanic's Lien Agent

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

### 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

### 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