



# BUILDING PERMIT APPLICATION

**City of Hopewell**  
**Division of Code Enforcement**  
300 N Main St., Hopewell, VA 23860  
(804) 541-2226 Fax (804) 541-2318

I understand with submittal of this application that all work and materials used in this installation shall conform strictly to the City of Hopewell ordinances and the Virginia Uniform Statewide Building Code. I understand that this permit will expire if work is not commenced within six (6) months from the date of issuance. This office requires submittal of plans and specifications on all installations. Where applicable, **two (2)** sets of plans and/or specifications must accompany this application. This office will retain one (1) set of plans. Separate permits are required for Electrical, Plumbing, Fire Alarm, Sprinkler System, Mechanical Systems and Sewer work if applicable.

## Project Description: (Describe work)

Address of Work: \_\_\_\_\_  
(Location) \_\_\_\_\_

### Owner Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Class of Work (check one): New \_\_\_ Alteration \_\_\_  
Building Use (check one): Residential \_\_\_ Commercial \_\_\_  
Industrial \_\_\_ Other \_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

### Contractor Information:

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_  
State License: \_\_\_\_\_ Expires: \_\_\_\_\_  
City License: \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Contact Person: \_\_\_\_\_

Mechanics Lien Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estimated Cost (Labor and Materials): \$ \_\_\_\_\_ Minimum Permit Fee: \$25.00 (RESIDENTIAL), plus \$0.22 per square foot, plus current State Surcharge; Minimum Permit Fee \$100.00 (COMMERCIAL), plus 1% of labor and materials, plus current State Surcharge.

### Building Description & Information

Floor Area: _____ Ft <sup>2</sup>	Occupant Load: _____	Flood Plain: Yes ___ No ___
Stories: _____	Fire Suppression: Yes ___ No ___	Corner Lot: Yes ___ No ___
Height: _____ Ft	Basement: Yes ___ No ___	Land Disturbance: Yes ___ No ___
Occupancy Classification: _____	Heating/Cooling: Yes ___ No ___	Other Review: Yes ___ No ___
Type of Construction: _____	Health Department: Yes ___ No ___	Tax Abatement Rehab: Yes ___ No ___

I understand that this is an application for a Building Permit and that work may not begin until the official permit has been issued. I certify that all sections of the street(s) abutting are open & paved.  
I understand that all work and materials used in this installation shall conform strictly to **2015** Virginia USBC.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Official Use Only</i>			
Permit # _____	Permit Fees \$ _____	Check # _____	Cash ___ CC ___
Sub/Parcel # _____	Lot / Block _____	Zoning _____	Enterprise Zone: YES ___ NO ___
Zoning Official Approval: _____	Date: _____	(Circle)	
Building Official Approval: _____	Date: _____		
Rehab Application Received and Certified (if applicable): _____	Date: _____		
NEW ADDRESS (if applicable): _____			