FRANKLIN

Department of Community Development
207 WEST SECOND AVENUE FRANKLIN,
VA 23851
Tel (757) 562-8580 OR (757)562-8682

BUILDING PERMIT APPLICATION

Address of Job_____

Description of Work_____

Application Submitted By:_____**Architect**_____**Contractor**_____**Owner**_____**Tenant**_____**Owner's Agent**

Owner_____ _____ _____ _____
Phone Cell Fax

Address_____ _____ _____ _____
City State Zip Code

E-mail_____

Contractor_____
Phone Cell Fax

Address_____ _____ _____ _____
City State Zip Code

E-mail_____

State Reg. No._____**Class**_____**Expiration Date**_____ Specialty

RESIDENTIAL: ☐ **One Family** ☐ **Two Family** ☐ **Multi-Family**_____**# of units**

COMMERCIAL: ☐ **Business/office** ☐ **Assembly/restaurant** ☐ **High Hazard** ☐ **Mercantile/store**
☐ **Institutional** ☐ **Industrial/factory** ☐ **Storage** ☐ **Other**

Flood Zone: **Finish Floor Elevation:**_____ **VALUATION: $**_____

PLAN REVIEW FEE: $_____
PERMIT FEE: $_____
STATE LEVY: $_____**TOTAL PERMIT FEE: $**_____

MECHANIC'S LIEN AGENT
NAME_____**PHONE**_____

ADDRESS_____
City State Zip Code

I declare that I have made this application and it is true and correct to the best of my knowledge and belief. I agree to construct the described improvements in compliance with all provisions of the Municipal Code and Ordinances of the City of Franklin and state law (including but not limited to the Virginia Uniform Statewide Building Code. I realize that this information is the basis for the review and approval of any plans in connection with issuance of the building permit. Permits where no inspections have been called for in 180 days shall expire and new permits must be applied for and all fines and fees paid before permits will be issued.

APPLICANT (Please Print)_____**SIGNATURE**_____**DATE**_____

TYPE OF IMPROVEMENT

- ☐ **New Building**
- ☐ **Addition**
- ☐ **New Accessory**
- ☐ **Alteration**
- ☐ **Repair, Replacement**
- ☐ **DEMOLITION Sewer plugging Fee paid ☐ Yes ☐ No**
- ☐ **Moving (relocation)**
- ☐ **Foundation ONLY**