

# TOWN OF WYTHEVILLE

## PERMIT APPLICATION

P.O. Box 533  
Wytheville, VA 24382  
276-223-3339

DATE ISSUED

PERMIT NO.

APPROVED BY

**I. LOCATION OF BUILDING**

Number & Street \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

N S E W side of \_\_\_\_\_; N S E W from intersection of \_\_\_\_\_

Zone \_\_\_\_\_ Yard Required/Actual: Front \_\_\_\_\_ / \_\_\_\_\_ Left Side \_\_\_\_\_ / \_\_\_\_\_ Right Side \_\_\_\_\_ / \_\_\_\_\_ Rear \_\_\_\_\_ / \_\_\_\_\_

**II. TYPE AND COST OF BUILDING** (All applicants complete Parts A - D)**A. TYPE OF IMPROVEMENT**

- 1  New Building  
 2  Addition (If residential, enter number of new housing units added, if any, in Part C, 13)  
 3  Alteration (See 2, above)  
 4  Repair, replacement  
 5  Wrecking (If multifamily residential, enter number of units in building in Part C, 13)  
 6  Excavating, grading  
 7  Other \_\_\_\_\_

**C. PROPOSED USE** (For wrecking - most recent use)**RESIDENTIAL**

- 12  One family  
 13  Two or more families  
     (Enter number of units) \_\_\_\_\_  
 14  Transient hotel, motel, or dormitory  
     (Enter number of units) \_\_\_\_\_  
 15  Garage  
 16  Carport  
 17  Other (Specify) \_\_\_\_\_

**NON-RESIDENTIAL**

- 18  Amusement, recreational  
 19  Church, other religious  
 20  Industrial  
 21  Parking Garage  
 22  Service station, repair garage  
 23  Hospital, Institutional  
 24  Office, bank, professional  
 25  Public utility  
 26  School, library, other educational  
 27  Stores, mercantile  
 28  Tanks, towers  
 29  Other (Specify) \_\_\_\_\_

**B. OWNERSHIP**

- 8  Private (individual, corporation, non-profit institution, etc.)  
 9  Public (Federal, State or Local Government)

**D. COST** (Omit cents)

- 10 Cost of improvement \$ \_\_\_\_\_  
 To be installed but not included in the above cost  
 a Electrical \$ \_\_\_\_\_  
 b Plumbing \$ \_\_\_\_\_  
 c Mechanical \$ \_\_\_\_\_  
 d Other (elevator, etc.) \$ \_\_\_\_\_  
 11 Estimated total value of construction (including all costs and value of materials and/or labor furnished without cost) \$ \_\_\_\_\_

**COST****PERMIT FEE****SURCHARGE****TOTAL****III. SELECTED CHARACTERISTICS OF BUILDING** (For new buildings & additions, complete Parts E-L; for wrecking, complete only Part J, for all others skip to IV.)**E. PRINCIPAL TYPE OF FRAME**

- 30  Masonry (wall bearing)  
 31  Wood Frame  
 32  Structural steel  
 33  Reinforced concrete  
 34  Other (Specify) \_\_\_\_\_

**G. TYPE OF SEWAGE DISPOSAL**

- 40  Public or private company  
 41  Individual (septic tank, etc.)

**J. DIMENSIONS**

- 48 Number of stories \_\_\_\_\_  
 49 Total square feet of floor area, all floors, based on exterior dimensions \_\_\_\_\_  
 50 Total land area, sq. ft. \_\_\_\_\_

**F. PRINCIPLE TYPE OF HEATING FUEL**

- 35  Gas  
 36  Oil  
 37  Electricity  
 38  Coal  
 39  Other (Specify) \_\_\_\_\_

**H. TYPE OF WATER SUPPLY**

- 42  Public or private company  
 43  Individual (well, cistern)

**K. NO. OF OFF-STREET PARKING SPACES**

- 51 Enclosed \_\_\_\_\_  
 52 Outdoors \_\_\_\_\_

**I. TYPE OF MECHANICAL**

- Will there be central air conditioning?  
 44  Yes 45  No  
 Will there be an elevator?  
 46  Yes 47  No

**L. RESIDENTIAL BUILDINGS ONLY**

- 53 Number of bedrooms \_\_\_\_\_  
 54 Number of bathrooms Full \_\_\_\_\_  
     Partial \_\_\_\_\_

**IV. IDENTIFICATION** (To be completed by all applicants)

1. Owner name \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_
2. Contractor name \_\_\_\_\_ CLASS \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing address \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_
3. Architect /Engineer name \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

The owner of this building and the undersigned agree to conform to all applicable codes and ordinances of the Town of Wytheville. NOTES: 1. Call for inspection before pouring any concrete footing. 2. A Certificate of Occupancy is necessary and will be issued on completion of building provided compliance is made with terms of approved application.

Signature of Applicant

Address

Application Date