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| MECHANIC'S LIEN AGENT |
| NAME |
| ADDRESS |
| CITY/ST/ZIP |
| PHONE |

TOWN OF WYTHEVILLE
 150 EAST MONROE STREET
 P. O. BOX 533
 WYTHEVILLE, VA 24382
 276-223-3339

| | |
|---|------------|
| DATE ISSUED | PERMIT NO. |
| WORK MUST BEGIN WITHIN 6 MONTHS OF THIS DATE. PERMITS MAY EXPIRE OR BE REVOKED DUE TO IN-ACTIVITY OR NO INSPECTIONS IN A 6-MONTH PERIOD. | |
| APPROVED BY | |

I. LOCATION OF BUILDING

911 Physical Address _____ Subdivision/Lot _____ / _____
 N S E W side of _____ N S E W from intersection of _____
 Zone _____ YARD REQUIRED/ACTUAL: Front _____ / _____ Left _____ / _____ Right _____ / _____ Rear _____ / _____

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

| | | |
|---|---|--|
| A. TYPE OF IMPROVEMENT | B. OWNERSHIP | NON-RESIDENTIAL |
| 1. <input type="checkbox"/> New Building | 7. <input type="checkbox"/> Private (individual, corporation, non-profit institution, etc.) | 13. <input type="checkbox"/> Church, other religious |
| 2. <input type="checkbox"/> Addition | 8. <input type="checkbox"/> Public (federal, state, or local government) | 14. <input type="checkbox"/> Industrial |
| 3. <input type="checkbox"/> Renovation | | 15. <input type="checkbox"/> Medical (hospital, physician, etc.) |
| 4. <input type="checkbox"/> Excavation, grading | C. PROPOSED OR CURRENT USE | 16. <input type="checkbox"/> Office, bank, professional |
| 5. <input type="checkbox"/> Demolition (indicate most recent use in Part C) | RESIDENTIAL | 17. <input type="checkbox"/> Restaurants |
| 6. <input type="checkbox"/> Other _____ | 9. <input type="checkbox"/> One family | 18. <input type="checkbox"/> Stores, retail |
| | 10. <input type="checkbox"/> Two or more families (Enter number of units _____) | 19. <input type="checkbox"/> School, library, other educational |
| | 11. <input type="checkbox"/> Hotel, motel, or dormitory (No. of rooms _____) | 20. <input type="checkbox"/> Service station, repair garage |
| | 12. <input type="checkbox"/> Other (Specify _____) | 21. <input type="checkbox"/> Signs DECAL NO. _____ |
| | | 22. <input type="checkbox"/> Other _____ |

| D. COST (Omit cents) | ESTIMATED COST OF WORK | PERMIT FEE | SURCHARGE | TOTAL PERMIT FEES |
|---|------------------------|------------|-----------|-------------------|
| 23. Cost of construction (PM08) <i>To be installed but not included in above cost</i> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| a. Electrical (PM10) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| b. Plumbing (PM12) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| c. Mechanical (PM29) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| d. Sign, other _____ (PM35) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 24. Total estimated value of improvements (including all costs and value of materials and/or labor furnished without cost) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

III. FOR NEW BUILDINGS AND ADDITIONS (Complete E-K)

| | | |
|---|--|---|
| E. PRINCIPAL TYPE OF FRAME | G. PRINCIPLE TYPE OF HEATING FUEL | I. TYPE OF SEWAGE DISPOSAL |
| 25. <input type="checkbox"/> Masonry (wall bearing) | 33. <input type="checkbox"/> Gas | 39. <input type="checkbox"/> Public |
| 26. <input type="checkbox"/> Wood frame | 34. <input type="checkbox"/> Oil | 40. <input type="checkbox"/> Individual (septic tank, etc.) |
| 27. <input type="checkbox"/> Structural steel | 35. <input type="checkbox"/> Electricity | Application No. _____ |
| 28. <input type="checkbox"/> Reinforced concrete | 36. <input type="checkbox"/> Other (specify _____) | J. TYPE OF WATER SUPPLY |
| 29. <input type="checkbox"/> Other (specify) _____ | | 41. <input type="checkbox"/> Public |
| F. DIMENSIONS | H. RESIDENTIAL BUILDINGS ONLY | 42. <input type="checkbox"/> Individual (well, etc.) |
| 30. Number of stories _____ | 37. Number of bedrooms _____ | Application No. _____ |
| 31. Total square feet of all floor areas based on exterior dimensions _____ | 38. Number of bathrooms _____ | K. OFF-STREET PARKING |
| 32. Total land area sq.ft. _____ | Full _____ | 43. Enclosed _____ |
| | Partial _____ | 44. Outdoors _____ |

IV. IDENTIFICATION

1. Owner name _____ Phone _____
 Mailing address _____
 City, State, Zip _____

2. Contractor name _____ Phone _____
 Mailing address _____ CLASS _____ EXPIRATION DATE _____
 City, State, Zip _____ LICENSE NO. _____

3. Architect/Engineer _____ 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. 2. A Certificate of Occupancy may be necessary and will be issued upon completion of construction provided compliance is made with terms of approved application.

| | | |
|------------------------|---------|------|
| Signature of applicant | Address | Date |
|------------------------|---------|------|