

**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 INACTIVITY OR NO INSPECTIONS PERFORMED 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)  sketch or plat attached to file copy

**A. TYPE OF IMPROVEMENT**

1.  New Building

2.  Zoning

3.  Addition

4.  Renovation

5.  Excavation, grading

6.  Demolition (indicate most recent use in Part C)

7.  Other :

**B. OWNERSHIP**

8.  Private (individual, corporation, non-profit institution, etc.)

9.  Public (federal, state, or local government)

**C. PROPOSED OR CURRENT USE**

**RESIDENTIAL**

10.  One family

11.  Two or more families (Enter number of units \_\_\_\_\_)

12.  Hotel, motel, or dormitory (No. of rooms \_\_\_\_\_)

13.  Other (Specify \_\_\_\_\_)

**NON-RESIDENTIAL**

14.  Church, other religious

15.  Industrial

16.  Medical (hospital, physician, etc.)

17.  Office, bank, professional

18.  Restaurants

19.  Stores, retail

20.  School, library, other educational

21.  Service station, repair garage

22.  Signs **DECAL NO.** \_\_\_\_\_

23.  Other \_\_\_\_\_

D. COST (Omit cents)	ESTIMATED COST OF WORK	PERMIT FEE	SURCHARGE	TOTAL PERMIT FEES
24. 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)	\$ _____	\$ _____	\$ _____	\$ _____
25. 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**

26.  Masonry (wall bearing)

27.  Wood frame

28.  Structural steel

29.  Reinforced concrete

30.  Other (specify) \_\_\_\_\_

**F. DIMENSIONS**

31. Number of stories \_\_\_\_\_

32. Total square feet of all floor areas based on exterior dimensions \_\_\_\_\_

33. Total land area sq.ft. \_\_\_\_\_

**G. PRINCIPLE TYPE OF HEATING FUEL**

34.  Gas

35.  Oil

36.  Electricity

37.  Other (specify) \_\_\_\_\_

**H. RESIDENTIAL BUILDINGS ONLY**

38. Number of bedrooms \_\_\_\_\_

39. Number of bathrooms \_\_\_\_\_  
Full \_\_\_\_\_  
Partial \_\_\_\_\_

**I. TYPE OF SEWAGE DISPOSAL**

40.  Public

41.  Individual (septic tank, etc.)

Application No. \_\_\_\_\_

**J. TYPE OF WATER SUPPLY**

42.  Public

43.  Individual (well, etc.)

Application No. \_\_\_\_\_

**K. OFF-STREET PARKING**

44. Enclosed \_\_\_\_\_

45. Outdoors \_\_\_\_\_

**IV. IDENTIFICATION**

46. Owner name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

47. Contractor name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_ CLASS \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

City, State, Zip \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

48. 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 \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Date \_\_\_\_\_

**X**

Email Address: \_\_\_\_\_