

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: _____