

DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_

**APPLICATION FOR PERMIT**  
(please complete the *Deck Application Permit* if applying for a deck only)

**Owner's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**\*Owner's can act as their own contractor provided DPOR Title 54 Owner Contractor definition is met)**

**Contractor's Name** (as it appears on license): \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **VA State Contractors License Number:** \_\_\_\_\_

**\*NOTE:** Any jobs over \$25,000 cumulative will need a **Frederick County Business License** unless you are building in the Town of Middletown or the Town of Stephens City. You would then need that town's Business License. All businesses in Frederick County are required to have a Frederick County Business License regardless of the job value. If your business is located in the Town of Middletown or the Town of Stephens City, you will be required to obtain a Business License from that jurisdiction.

**LOCATION OF JOBSITE**

**Subdivision:** \_\_\_\_\_ **Lot Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Tax Map #:** \_\_\_\_\_

**Directions to the job site:** \_\_\_\_\_

\_\_\_\_\_

**SETBACKS** (Indicate the actual distance measured from the structure to the property lines not the minimum requirements)

**Front:** \_\_\_\_\_ **Rear:** \_\_\_\_\_ **Right:** \_\_\_\_\_ **Left:** \_\_\_\_\_

**TYPE OF PERMIT APPLYING FOR:**

\_\_\_\_\_ Building \_\_\_\_\_ Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_ Sign  
\_\_\_\_\_ Solar Panels \_\_\_\_\_ Fire Alarm (*electrical*) \_\_\_\_\_ Fire Suppression System (*mechanical*)

**\*NOTE\*** Commercial permits must separate plans by trade. \*

**PERMIT FOR:** \_\_\_\_\_

(Indicate in detail what type of permit you are applying for)

***I hereby agree to comply with all provisions of the Virginia Uniform Statewide Building Code and the Zoning Ordinance as adopted by the County of Frederick.***

**Applicant (*signature*):** \_\_\_\_\_

**(*print*):** \_\_\_\_\_

**Applicant is:** \_\_\_\_\_ Contractor \_\_\_\_\_ Owner \_\_\_\_\_ Agent \_\_\_\_\_ Engineer/Architect  
(need letter of authorization)

**Permit Representative to be contacted for permit/plan questions or permit status:**

**Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**Permit Application**

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**BUILDING INFORMATION NEEDED FOR PERMITS****WATER SUPPLY/SEWAGE DISPOSAL SYSTEM:** ☐ Public Water/Sewer System ☐ Private Well/Septic**MECHANICS LIEN AGENT:** ☐ Yes ☐ No **(if yes, please complete below)**

Mechanics Lien Agent: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

**RESIDENTIAL JOB VALUE:** \_\_\_\_\_

- ☐ New One & Two Family Dwelling ☐ New Mobile/Manufacturer Home ☐ Revision to Existing permit  
☐ New Modular/Industrialized Home ☐ Residential Remodeling ☐ Residential Addition  
☐ Residential Demolition (requires a letter from the utility providers (gas/electric) confirming the electric/gas has been removed)

Master Plan Number (if applicable) \_\_\_\_\_ Building Size (Dimensions): \_\_\_\_\_

Living Space: 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_ Bonus Room \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_Basement Sq. Ft.: Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ Total Sq. Ft. of Basement \_\_\_\_\_ ☐ Crawlspace ☐ Slab on Grade

# of Stories \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Total # of Rooms \_\_\_\_\_

Addition/Remodeling List Rooms Per Floor Plan: \_\_\_\_\_

**Garage** ☐ Detached ☐ Attached Dimensions of Garage: \_\_\_\_\_ Total Square Footage of Garage: \_\_\_\_\_# of Stories \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Bonus Room Sq. Ft. \_\_\_\_\_ Bonus Room Finished: ☐ Yes ☐ No**Porch/Deck 1** – Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Total SF: \_\_\_\_\_Location: Front/Rear/Side (Circle one) Concrete/Wood (Circle one) Covered/Uncovered (Circle one) Screened: ☐ Yes ☐ No**Porch/Deck 2** – Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Total SF: \_\_\_\_\_Location: Front or Rear (Circle one) Concrete/Wood (Circle one) Covered/Uncovered (Circle one) Screened: ☐ Yes ☐ No**Patio** – Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Total SF: \_\_\_\_\_ Location: Front or Rear (Circle one) Covered/Uncovered (Circle one)☐ Masonry Chimney☐ Masonry Fireplaces**MOBILE HOMES**

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Serial Number \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Number of Bathrooms \_\_\_\_\_ Type of Heat \_\_\_\_\_

**COMMERCIAL JOB VALUE:** \_\_\_\_\_☐ New ☐ Addition ☐ Remodeling

☐ Demolition (requires a letter from the utility providers (gas/electric) confirming the electric/gas has been removed. Additionally, Demolition/Additions/Remodeling permits on buildings constructed prior to January 1, 1985 requires an Asbestos affidavit)

Total Square Footage of Building: \_\_\_\_\_

Building Size (dimensions): \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Total Number of Rooms: \_\_\_\_\_ Use Group: \_\_\_\_\_

Occupant Load: \_\_\_\_\_ (current and proposed use group &amp; occupant load)

## Permit Application

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**SIGNS** (please provide the following information for each sign): Job Value: \_\_\_\_\_

Type of Sign: ☐ Wall Sign Size (dimensions): \_\_\_\_\_ Square Footage of Front of Structure: \_\_\_\_\_  
☐ Freestanding Sign Size (dimensions): \_\_\_\_\_ Height from Ground to Top: \_\_\_\_\_ Feet

(freestanding signs require a plat/drawing showing the location of the sign and the distances from the property lines/roadway (s). All lighted signs shall be labeled and listed)

Sign Reads: \_\_\_\_\_

**SOLAR PANEL PERMIT:** ☐ Yes ☐ No  
(Yes, indicates new panel installation)

**Energy Storage System (ESS):** ☐ Yes ☐ No  
(If yes, provide location of ESS & installation instructions)

**ELECTRICAL PERMIT JOB VALUE:** \_\_\_\_\_ **CONTRACTOR:** \_\_\_\_\_  
**Contractors License Number:** \_\_\_\_\_ (Must have authorization if different from General Contractor)

### RESIDENTIAL

Amp Service \_\_\_\_\_ ☐ New ☐ Upgrade ☐ Reconnection  
For Additions/Remodeling: Number of Switches \_\_\_\_\_ Lights \_\_\_\_\_ Receptacles \_\_\_\_\_ Circuits \_\_\_\_\_  
Total Number of fixtures: \_\_\_\_\_ Size of sub-panel (if applicable) \_\_\_\_\_

**COMMERCIAL** (please list equipment below and provide 1 set of plans): JOB VALUE: \_\_\_\_\_

Amp Service \_\_\_\_\_ Number of Switches \_\_\_\_\_ Lights \_\_\_\_\_ Receptacles \_\_\_\_\_ Total Number: \_\_\_\_\_  
(Quantities are required for permit submittal and shall be received prior to review of plans)  
Size of sub-panel (if applicable) \_\_\_\_\_

☐ **Fire Alarm** (please provide 3 sets of plans and equipment specifications)  
(Commercial - List all equipment, motors, and wiring – attach sheet if needed)

**PLUMBING PERMIT: JOB VALUE:** \_\_\_\_\_ **CONTRACTOR:** \_\_\_\_\_  
**Contractors License Number:** \_\_\_\_\_ (Must have authorization if different from General Contractor)

☐ **COMMERCIAL** (list number of fixtures & provide 1 set of plans) ☐ **RESIDENTIAL** (list number of fixtures)

_____ Bathroom Sink/Basins	_____ Dishwasher	_____ Floor Drains	_____ Fountains
_____ Garbage Disposal	_____ Grease Traps	_____ Laundry Tub	_____ Lawn Faucets
_____ Sewer Pump	_____ Sewer Service	_____ Shower Stall only	_____ Kitchen Sinks
_____ Sump Pumps	_____ Tub/Shower Combo	_____ Urinals	_____ Wash Machine
_____ Toilet/Water Closet	_____ Water Heater (elect)	_____ Water Service	_____ Tub Only
_____ PRV	_____ Backflow (irrigation)	_____ Well Pump	_____ Other

**MECHANICAL PERMIT: JOB VALUE:** \_\_\_\_\_ **CONTRACTOR:** \_\_\_\_\_  
**Contractors License Number:** \_\_\_\_\_ (Must have authorization if different from General Contractor)

☐ **COMMERCIAL** (list number of fixtures & provide 1 set of plans) ☐ **RESIDENTIAL** (list number of fixtures)

\_\_\_\_\_ Heat Pump \_\_\_\_\_ Gas Furnace \_\_\_\_\_ A C Unit \_\_\_\_\_ Gas Piping \_\_\_\_\_ Gas Range  
\_\_\_\_\_ Gas Logs/Fireplace \_\_\_\_\_ Gas Water Heater \_\_\_\_\_ Generator  
\_\_\_\_\_ Size of Tanks Under 500 Gal. \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ <sup>1</sup>Sprinkler System (list type) \_\_\_\_\_ (please provide 3 sets of plans\* and equipment specifications)  
(Commercial Mechanical: list all equipment giving btu's and tons, attach sheet if needed)

**1,000 GALLON TANK:** Job Value: \_\_\_\_\_ **CONTRACTOR:** \_\_\_\_\_  
**Contractors License Number:** \_\_\_\_\_ (Must have authorization if different from General Contractor)

☐ ABOVE GROUND ☐ INGROUND SETBACK: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Right: \_\_\_\_\_ Left: \_\_\_\_\_