

Date: \_\_\_\_\_

Application #: \_\_\_\_\_

### BUILDING PERMIT APPLICATION

Permit # BP \_\_\_\_\_

City of Newport News

Department of Codes Compliance

Permit Fee: \_\_\_\_\_

2400 Washington Avenue 3<sup>rd</sup> floor, Newport News, Virginia 23607

757-933-2311/757-926-8311 (fax) /codesclerical@nnva.gov (email)

Zoning Fee: \_\_\_\_\_

www.nnva.gov/codes-compliance

Project Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Applicant (Check One)  Owner  Contractor  Agent  Design Professional

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant Name _____ Address _____ City/State/Zip _____ Phone # _____ Fax # _____ Email Address _____	Applicant Name _____ Phone # _____ Applicant Address _____ Contractor Business Name _____ Phone # _____ Contractor Address _____ Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C CID # _____ Email/Other Contact Information _____
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<b>Work to be performed on:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family	<b>Flood Zone:</b> _____ <b>First Floor Elevation:</b> _____ <b>Variance/Special Exception/</b> <b>Conditional Use Permit #</b> _____ <b>Proposed Value of Work:</b> _____	I agree to perform the proposed work in conformance with the Virginia Uniform Statewide Building Code and the ordinances and regulations of the City of Newport News. Print Name: _____ Date: _____ Signature: _____ Remarks: _____
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The Following Fees and Permits Must be Paid or a Waiver Approved Prior to Issuance of a Building Permit	Type of Work	Description of Work	Mechanic's Lien Agent
HRSD Receipt # _____	<input type="checkbox"/> New Construction	_____	Name _____
City Sewer Receipt # _____	<input type="checkbox"/> Accessory Structure	_____	Address _____
Right of Way Permit # _____	<input type="checkbox"/> Alterations/Repairs	_____	_____
Land Disturbance # _____	<input type="checkbox"/> Addition	_____	Phone # _____
	<input type="checkbox"/> Demolition	_____	<input type="checkbox"/> None Designated
	<input type="checkbox"/> Swimming Pool	_____	
	<input type="checkbox"/> Fence/Barrier	_____	
	<input type="checkbox"/> Temporary Structure	_____	

**Office Use Only**

Remarks: _____	<b>ASBESTOS CERTIFICATE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Cash: _____ Check: _____ Escrow: _____
Approved By: _____ Date: _____	Year Built: _____	Customer ID #: _____ Cashier: _____