



Official Use Only

Permit # _____

E&S Sheet: _____ Health Dept Info: _____

Deed/Plat Info: _____ Title of MH: _____

MLA "Mechanics' Lien Agent" Info; Specify on

Building Permit Informational Form or Enter N/A

Floyd County Department of Inspections
120 West Oxford Street PO Box 218 Floyd, VA 24091
Phone: 540-745-9359 Fax: 540-745-9305

PERMIT APPLICATION

1. Applicant

Name: _____ Phone: _____
Company: _____ Cell: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____

2. Owner (If different than above)

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____

3. Address of Property

(E911 Address will not be issued until a footing inspection is complete)

Address: _____ Tax Map# _____

(Road driveway comes off of)

_____, _____ Magisterial District: _____
City State Zip

Subdivision & Lot # (If Applicable): _____

Directions: _____

4. Proposed Work

- New Dwelling New Dwelling-Modular Addition/Renovation
 Garage/Carport Singlewide Doublewide Triplewide
 Other (Please Describe): _____

Type of Permits Needed: Building Electrical Plumbing Mechanical

BUILDING PERMIT INFORMATION

Building Contractor Information

Business Name: _____
Contractor's Name: _____ **Telephone Number:** _____
Contractor License Number: _____ **Expiration Date:** _____
Contractor's Address: _____
Contractor's Email Address: _____

If this permit is for a "Manufactured Home", only fill out sections 4, 16, 17, & 18

<p style="text-align: center;"><u>1. Footings</u></p> <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>2. Foundation Wall</u></p> <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>3. Wall Size</u></p> <input type="checkbox"/> 8 inch <input type="checkbox"/> 10 inch <input type="checkbox"/> 12 inch
<p style="text-align: center;"><u>4. Dimensions</u> (Use Outside Dimensions of structure)</p> 1 st floor: _____ 2 nd floor: _____ Porches/Decks: _____ Basement: _____ Carport: _____ Garage: _____ <input type="checkbox"/> Attached <input type="checkbox"/> Detached 2 nd floor of Garage: _____	<p style="text-align: center;"><u>5. # of Floors Above Grade</u></p> <input type="checkbox"/> 1 floor <input type="checkbox"/> 1 ½ floors <input type="checkbox"/> 2 floors	<p style="text-align: center;"><u>6. Wall Construction</u></p> <input type="checkbox"/> 2x4 <input type="checkbox"/> 2x6 <input type="checkbox"/> Log <input type="checkbox"/> Other _____
<p style="text-align: center;"><u>7. Floor Construction</u></p> <input type="checkbox"/> Joist <input type="checkbox"/> Trusses	<p style="text-align: center;"><u>8. Floor Finish</u></p> <input type="checkbox"/> Carpet <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>9. Roof Construction</u></p> <input type="checkbox"/> Rafters <input type="checkbox"/> Trusses
<p style="text-align: center;"><u>10. Roof Covering</u></p> <input type="checkbox"/> Metal <input type="checkbox"/> Shingles <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>11. # of Rooms</u> (Include unfinished and basement)</p> Total # of Rooms _____ (Do not include Bathrooms) Total # of Bathrooms _____ Total # of Bedrooms _____	<p style="text-align: center;"><u>10. Inside Finish</u></p> <input type="checkbox"/> Log <input type="checkbox"/> Sheet Rock <input type="checkbox"/> Other _____
<p style="text-align: center;"><u>13. Type of Heat</u></p> <input type="checkbox"/> Heat Pump <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<p style="text-align: center;"><u>14. Fireplaces/Chimneys</u> (# of each)</p> Fireplaces: _____ Chimneys: _____	<p style="text-align: center;"><u>15. Outside Finish</u></p> <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Cedar <input type="checkbox"/> Vinyl <input type="checkbox"/> Other _____
<p style="text-align: center;"><u>16. Estimated Cost of Work</u></p> \$ _____	<p style="text-align: center;"><u>17. Land Disturbed</u> (Count septic/well area, driveway, House site, etc.)</p> _____ Square feet	<p style="text-align: center;"><u>Mechanics' Lien Agent</u></p> _____ Address: _____ _____
<p style="text-align: center; color: red;">18. Manufactured Home Info. (Fill out this section or provide a copy of the title)</p> Owner name on title: _____ Previous Owner(s) name on title _____ Name of Manufacture Unit: _____ Date of Manufacture Month/Date/Year: _____ VIN # _____		



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COUNTY OF FLOYD
120 West Oxford Street
P. O. BOX 218
FLOYD VA 24091
PHONE: 540-745-9359 FAX: 540-745-9305**

Application for Parcel Approval prior to Issuance of Building Permit

Part 1

To confirm that the subject parcel conforms to the Floyd County Subdivision Ordinance (Section 3-1-1g and h), anyone seeking a Building Permit must show one of the following (please place a check in the appropriate circle):

An approved Plat of Survey (NOT A LOTLINE REVISION) or Subdivision Plat (copies of those recorded may be obtained at the Courthouse);

--OR--

That the parcel was created legally prior to October 22, 2002 (show copy of recorded deed).

Please attach the appropriate document and complete Part 2 below.

Part 2

Owner's Statement

As owner or authorized agent of the owner, I certify that the information reported above is true and accurate. By my signature I accept legal responsibility for this affirmation and understand that penalties may be imposed if the statement is incorrect.

Owner or Authorized Agent

Date

STATE OF _____
COUNTY/CITY OF _____, to wit.

I, _____, a Notary Public of and for the State and County,
does hereby state that _____ did appear before me this
_____ day of _____, 20____, and acknowledge the foregoing document by
executing the same.

Notary Public

My Commission Expires: _____.