



**Community Planning & Economic Development Services**

Building Safety Division  
 300 Park Avenue, Suite 103E, Falls Church, VA 22046  
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214  
 permits@fallschurchva.gov www.fallschurchva.gov

# BUILDING PERMIT APPLICATION

**PERMIT No.** \_\_\_\_\_

**ADDRESS OF BUILDING**

|                |        |                         |          |
|----------------|--------|-------------------------|----------|
| Street Address | Unit # | <b>Falls Church, VA</b> | Zip Code |
|----------------|--------|-------------------------|----------|

| <b>APPLICANT: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OWNER</b>                                   |   |  | <b>BUILDING OWNER INFORMATION</b>                              |       |  |
|--|---|--|--|-------|--|
| Name   |   | Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C | Name   |       | Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C |
| Address  |   |  | Address  |       |  |
| City   | State   | Zip Code   | City   | State | Zip Code   |
| VA State Contractor's License Number   | Class<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Expiration Date  | <b>TENANT/LESSEE INFORMATION <input type="checkbox"/> NONE</b> |       |  |
| Falls Church Customer Number (if known):   |   |  | Name   |       | Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C |
| Mechanic's Lien Agent: <input type="checkbox"/> None Designated<br><input type="checkbox"/> Designated on MLA Addendum |   |  | Address  |       |  |
| Total Job Cost   | Cost for Building Work ( <i>total minus trades</i> )                                      |  | City   | State | Zip Code   |

| <b><input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLAN PREPARER INFORMATION</b> |  |  |                   |
|--|--|--|-------------------|
| Name   |  | Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C | License #         |
| Address  |  | City   | State<br>Zip Code |

| TYPE OF WORK   | USE AND OCCUPANCY CLASSIFICATION  |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
|--|---|--------------------------------------|---|--|--|---|--|---|--|--|---------------------------------------|-------------------------------------|--|--|---|--|--|---|--|--|---|---|---|---|--|---|--|---|--|
| <p><b>Exterior Work:</b><br/> <input type="checkbox"/> New Primary Building<br/> <b>New Accessory Building:</b><br/> <input type="checkbox"/> Detached Garage <input type="checkbox"/> Shed<br/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> Addition (<i>incl. attached garage</i>)<br/> <input type="checkbox"/> Pool<br/> <input type="checkbox"/> Deck/Porch (Plat Required)<br/> <input type="checkbox"/> Sump Pump (Plat Required)<br/> <input type="checkbox"/> Foundation Only<br/> <input type="checkbox"/> Crane or Hoist<br/> <input type="checkbox"/> Temporary Trailer<br/> <input type="checkbox"/> Temporary Stand</p> <p style="text-align: center;"><i>Check All That Apply<br/>Give Details Below</i></p> | <p><b>Interior Work:</b><br/> <b>Remodel Finished Space:</b><br/> <input type="checkbox"/> Kitchen <input type="checkbox"/> Bath<br/> <input type="checkbox"/> Other Existing Space<br/> <b>Finish Unfinished Space:</b><br/> <input type="checkbox"/> Basement <input type="checkbox"/> Attic<br/> <input type="checkbox"/> Garage <input type="checkbox"/> Other<br/> <b>Add:</b><br/> <input type="checkbox"/> Full Bath <input type="checkbox"/> Half Bath<br/> <input type="checkbox"/> Bedroom <input type="checkbox"/> Fireplace<br/> <input type="checkbox"/> Kitchen <input type="checkbox"/> Other<br/> <b>Elevator:</b><br/> <input type="checkbox"/> Install <input type="checkbox"/> Repair<br/> <b>Other Work:</b><br/> <input type="checkbox"/> Low-Voltage Wiring<br/> <input type="checkbox"/> Systems Furniture</p>   |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
|  | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> A-1 Theater</td> <td><input type="checkbox"/> I-1 Institutional, Residence Care, Halfway House</td> </tr> <tr> <td><input type="checkbox"/> A-2 Restaurant, Nightclub</td> <td><input type="checkbox"/> I-2 Institutional, Hospital</td> </tr> <tr> <td><input type="checkbox"/> A-3 Church, Museum, Gym, Lecture Hall, Library</td> <td><input type="checkbox"/> I-3 Institutional, Jail</td> </tr> <tr> <td><input type="checkbox"/> A-4 Indoor Arena, Pool</td> <td><input type="checkbox"/> I-4 Institutional, Child Care</td> </tr> <tr> <td><input type="checkbox"/> A-5 Outdoor Viewing, Bleacher Stadium</td> <td><input type="checkbox"/> M Mercantile</td> </tr> <tr> <td><input type="checkbox"/> B Business</td> <td><input type="checkbox"/> R-1 Hotel, Boarding House</td> </tr> <tr> <td><input type="checkbox"/> E Educational, Day Care</td> <td><input type="checkbox"/> R-2 Apartments, Condos</td> </tr> <tr> <td><input type="checkbox"/> F-1 Factory Industrial, Moderate Hazard</td> <td><input type="checkbox"/> R-3 1 &amp; 2 Family (Comm. Code/IBC)</td> </tr> <tr> <td><input type="checkbox"/> F-2 Factory Industrial, Low Hazard</td> <td><input type="checkbox"/> R-4 Residential Care, Assisted Living</td> </tr> <tr> <td><input type="checkbox"/> H-1 Hazardous, Explosives</td> <td><input type="checkbox"/> R-5 1 &amp; 2 Family (Resid. Code/IRC)</td> </tr> <tr> <td><input type="checkbox"/> H-2 Hazardous, Flammable</td> <td><input type="checkbox"/> S-1 Storage, Moderate Hazard</td> </tr> <tr> <td><input type="checkbox"/> H-3 Hazardous, Combustible</td> <td><input type="checkbox"/> S-2 Storage, Low Hazard</td> </tr> <tr> <td><input type="checkbox"/> H-4 Hazardous, Health Hazard</td> <td><input type="checkbox"/> U Utility and Miscellaneous</td> </tr> <tr> <td><input type="checkbox"/> H-5 Hazardous, Semiconductor</td> <td></td> </tr> </table> | <input type="checkbox"/> A-1 Theater | <input type="checkbox"/> I-1 Institutional, Residence Care, Halfway House | <input type="checkbox"/> A-2 Restaurant, Nightclub | <input type="checkbox"/> I-2 Institutional, Hospital | <input type="checkbox"/> A-3 Church, Museum, Gym, Lecture Hall, Library | <input type="checkbox"/> I-3 Institutional, Jail | <input type="checkbox"/> A-4 Indoor Arena, Pool | <input type="checkbox"/> I-4 Institutional, Child Care | <input type="checkbox"/> A-5 Outdoor Viewing, Bleacher Stadium | <input type="checkbox"/> M Mercantile | <input type="checkbox"/> B Business | <input type="checkbox"/> R-1 Hotel, Boarding House | <input type="checkbox"/> E Educational, Day Care | <input type="checkbox"/> R-2 Apartments, Condos | <input type="checkbox"/> F-1 Factory Industrial, Moderate Hazard | <input type="checkbox"/> R-3 1 & 2 Family (Comm. Code/IBC) | <input type="checkbox"/> F-2 Factory Industrial, Low Hazard | <input type="checkbox"/> R-4 Residential Care, Assisted Living | <input type="checkbox"/> H-1 Hazardous, Explosives | <input type="checkbox"/> R-5 1 & 2 Family (Resid. Code/IRC) | <input type="checkbox"/> H-2 Hazardous, Flammable | <input type="checkbox"/> S-1 Storage, Moderate Hazard | <input type="checkbox"/> H-3 Hazardous, Combustible | <input type="checkbox"/> S-2 Storage, Low Hazard | <input type="checkbox"/> H-4 Hazardous, Health Hazard | <input type="checkbox"/> U Utility and Miscellaneous | <input type="checkbox"/> H-5 Hazardous, Semiconductor |  |
| <input type="checkbox"/> A-1 Theater   | <input type="checkbox"/> I-1 Institutional, Residence Care, Halfway House   |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> A-2 Restaurant, Nightclub   | <input type="checkbox"/> I-2 Institutional, Hospital  |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> A-3 Church, Museum, Gym, Lecture Hall, Library  | <input type="checkbox"/> I-3 Institutional, Jail  |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> A-4 Indoor Arena, Pool  | <input type="checkbox"/> I-4 Institutional, Child Care  |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> A-5 Outdoor Viewing, Bleacher Stadium   | <input type="checkbox"/> M Mercantile   |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> B Business  | <input type="checkbox"/> R-1 Hotel, Boarding House  |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> E Educational, Day Care   | <input type="checkbox"/> R-2 Apartments, Condos   |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> F-1 Factory Industrial, Moderate Hazard   | <input type="checkbox"/> R-3 1 & 2 Family (Comm. Code/IBC)  |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> F-2 Factory Industrial, Low Hazard  | <input type="checkbox"/> R-4 Residential Care, Assisted Living  |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> H-1 Hazardous, Explosives   | <input type="checkbox"/> R-5 1 & 2 Family (Resid. Code/IRC)   |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> H-2 Hazardous, Flammable  | <input type="checkbox"/> S-1 Storage, Moderate Hazard   |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> H-3 Hazardous, Combustible  | <input type="checkbox"/> S-2 Storage, Low Hazard  |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> H-4 Hazardous, Health Hazard  | <input type="checkbox"/> U Utility and Miscellaneous  |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |
| <input type="checkbox"/> H-5 Hazardous, Semiconductor  |   |                                      |   |  |  |   |  |   |  |  |                                       |                                     |  |  |   |  |  |   |  |  |   |   |   |   |  |   |  |   |  |

**SCOPE AND DESCRIPTION OF WORK**

*If any work will take place outside the building, you must submit the addendum form, Land Disturbance & Exterior Work*

| TYPE OF CONSTRUCTION  | FIRE SUPPRESSION   | DIMENSIONS  |
|---|--|---|
| <input type="checkbox"/> 1A <input type="checkbox"/> 1B Non-Combustible Protected<br><input type="checkbox"/> 2A <input type="checkbox"/> 2B Non-Combustible Unprotected<br><input type="checkbox"/> 3A <input type="checkbox"/> 3B Combustible/Non-Combustible<br><input type="checkbox"/> 4 Heavy Timber<br><input type="checkbox"/> 5A <input type="checkbox"/> 5B Combustible | Will/Does This Building Have a Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Will/Does This Building Have a Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Area Of Work (ft <sup>2</sup> ): _____<br><br>Is There A Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br># Of Stories (excl. basement): _____ |

## SIGNATURE

**Check Policy - The City of Falls Church accepts checks as a form of payment. However, should your check be returned to us for any reason, it is our policy to electronically debit your account for the amount of the check plus a processing fee of \$50.00.**



I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

|                        |              |          |
|------------------------|--------------|----------|
| Signature of Applicant | Date         | Address  |
| Print Name             | Phone Number | City     |
| E-Mail Address         | State        | Zip Code |

**Submission:** E-mail this application, any other required documents, and plans to [permits@fallschurchva.gov](mailto:permits@fallschurchva.gov). Please make all submissions in PDF format. Do not submit photos either in the e-mail or as attachments.

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080 (TTY 711).

## OFFICIAL USE ONLY

**Instructions:** As initial intake to Munis is completed, mark the boxes below to indicate what was done. Be sure to also sign the prerequisites in Munis and enter text notes.

| <p><b>Commercial Work</b></p> <table border="0" style="width: 100%;"> <tr> <th>Plans</th> <th>Required</th> <th>Received</th> </tr> <tr> <td>Electronic Set</td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td><input type="checkbox"/></td> </tr> <tr> <th>Supplements</th> <td></td> <td></td> </tr> <tr> <td>ADA Form</td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Asbestos Form</td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Land Dist Form</td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CO Application</td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td><input type="checkbox"/></td> </tr> </table> | Plans  | Required   | Received  | Electronic Set | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | Supplements |  |  | ADA Form | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | Asbestos Form | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | Land Dist Form | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | CO Application | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <p><b>Residential Work</b></p> <table border="0" style="width: 100%;"> <tr> <th>Plans</th> <th>Required</th> <th>Received</th> </tr> <tr> <td>Electronic Set</td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td><input type="checkbox"/></td> </tr> <tr> <th>Supplements</th> <td></td> <td></td> </tr> <tr> <td>Land Dist Form</td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CO Application</td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td><input type="checkbox"/></td> </tr> </table> | Plans | Required | Received | Electronic Set | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | Supplements |  |  | Land Dist Form | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | CO Application | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <p><b>Contractor License</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Valid in Munis</td> <td><input type="checkbox"/> Property in RPA</td> </tr> <tr> <td><input type="checkbox"/> Verified at DPOR, Munis updated</td> <td><input type="checkbox"/> Property in Floodplain</td> </tr> <tr> <td><input type="checkbox"/> Need copy</td> <td><input type="checkbox"/> HARB Project</td> </tr> <tr> <td><input type="checkbox"/> Owner, Cert. Attached</td> <td><input type="checkbox"/> Health Dept Req'd</td> </tr> <tr> <td><input type="checkbox"/> Owner, need Cert.</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> TBD</td> <td></td> </tr> </table> | <input type="checkbox"/> Valid in Munis | <input type="checkbox"/> Property in RPA | <input type="checkbox"/> Verified at DPOR, Munis updated | <input type="checkbox"/> Property in Floodplain | <input type="checkbox"/> Need copy | <input type="checkbox"/> HARB Project | <input type="checkbox"/> Owner, Cert. Attached | <input type="checkbox"/> Health Dept Req'd | <input type="checkbox"/> Owner, need Cert. | <input type="checkbox"/> Other: | <input type="checkbox"/> TBD |  |
|---|--|--|---|----------------|---|--------------------------|-------------|--|--|----------|---|--------------------------|---------------|---|--------------------------|----------------|---|--------------------------|----------------|---|--------------------------|---|-------|----------|----------|----------------|---|--------------------------|-------------|--|--|----------------|---|--------------------------|----------------|---|--------------------------|---|---|--|--|---|------------------------------------|---------------------------------------|--|--|--|---------------------------------|------------------------------|--|
| Plans   | Required   | Received   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| Electronic Set  | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/>   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| Supplements   |  |  |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| ADA Form  | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/>   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| Asbestos Form   | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/>   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| Land Dist Form  | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/>   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| CO Application  | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/>   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| Plans   | Required   | Received   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| Electronic Set  | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/>   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| Supplements   |  |  |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| Land Dist Form  | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/>   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| CO Application  | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/>   |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| <input type="checkbox"/> Valid in Munis   | <input type="checkbox"/> Property in RPA   |  |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| <input type="checkbox"/> Verified at DPOR, Munis updated  | <input type="checkbox"/> Property in Floodplain  |  |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| <input type="checkbox"/> Need copy  | <input type="checkbox"/> HARB Project  |  |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| <input type="checkbox"/> Owner, Cert. Attached  | <input type="checkbox"/> Health Dept Req'd   |  |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| <input type="checkbox"/> Owner, need Cert.  | <input type="checkbox"/> Other:  |  |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| <input type="checkbox"/> TBD  |  |  |   |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |
| <p><b>Outside Work:</b></p> <input type="checkbox"/> None<br><input type="checkbox"/> Minimal<br><input type="checkbox"/> Addendum Attached<br><input type="checkbox"/> Under a Site/Grading Plan   | <p><b>Initial Routing</b></p> <input type="checkbox"/> Zoning<br><input type="checkbox"/> Building Safety<br><input type="checkbox"/> Public Works (Arb/Eng)<br><input type="checkbox"/> Issued over the counter | <p><b>Commissioner Check-in</b></p> <input type="checkbox"/> Contractor based in City or annualized<br><input type="checkbox"/> Check-in verified by waiver<br><input type="checkbox"/> Check-in verified by bus. license<br><input type="checkbox"/> Job value under check-in threshold | <p><b>Munis Number:</b></p> <p><b>Intake by:</b><br/><i>(Initial)</i></p> |                |   |                          |             |  |  |          |   |                          |               |   |                          |                |   |                          |                |   |                          |   |       |          |          |                |   |                          |             |  |  |                |   |                          |                |   |                          |   |   |  |  |   |                                    |                                       |  |  |  |                                 |                              |  |

**Zoning**       Approved       Rejected      Comments \_\_\_\_\_

\_\_\_\_\_  
John Boyle, Zoning Administrator      Date

**Building Safety**       Approved per VUSBC only       Rejected      Comments \_\_\_\_\_

\_\_\_\_\_  
John Russell, Building Official      Date

Trade Permits OK to Issue:     Electrical     Mechanical     Plumbing     Fuel-Gas     Fire Alarm     Sprinkler

Special Conditions on Trade Permits:

## FEES

|   |  |   |                    |          |                    |          |                                |          |                                    |                 |                         |          |                          |          |                             |          |                           |                 |
|---|--|---|--------------------|----------|--------------------|----------|--------------------------------|----------|------------------------------------|-----------------|-------------------------|----------|--------------------------|----------|-----------------------------|----------|---------------------------|-----------------|
| <p><b>Square-Footage Fees</b></p> <input type="checkbox"/> Commercial Sq. Ft. Fees (\$.65/sf) <b>B002</b><br><input type="checkbox"/> Residential Sq. Ft. Fees (\$.55/sf) <b>B003</b><br><input type="checkbox"/> Retaining Wall Sq. Ft. Fees (\$.75/sf) <b>B060</b><br><input type="checkbox"/> Swimming Pool Sq. Ft. Fees (\$.75/sf) <b>B005</b><br><input type="checkbox"/> Sheeting & Shoring Sq. Ft. Fees (\$.75/sf) <b>B060</b> <p><b>Special Fees</b></p> <p>How many units? _____</p> <input type="checkbox"/> Crane (\$110 ea.) <b>B050</b><br><input type="checkbox"/> Door Locking (\$10/door) <b>B045</b><br><input type="checkbox"/> Elevators (\$220 ea.) <b>B030</b><br><input type="checkbox"/> Fence (\$55 ea.) <b>B015</b><br><input type="checkbox"/> Low-voltage wiring (\$55/floor) <b>B090</b><br><input type="checkbox"/> Modular Buildings (\$55/module) <b>B025</b><br><input type="checkbox"/> Sump Pump (\$55/pump) <b>B055</b><br><input type="checkbox"/> Systems Furniture (\$55/floor) <b>B020</b><br><input type="checkbox"/> Temporary Stand (\$55 ea.) <b>B075</b><br><input type="checkbox"/> "Other" (\$50/est. inspection) <b>B999</b> | <p><b>Square Footage Calculations</b></p> <p>Calculated Sq. Ft: _____</p> <p>Plan Review Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><i>(30% of base permit fee, \$100 Minimum)</i></p> <p><input type="checkbox"/> HARB 50% Reduction Applies</p> <p><b>Additional Fees</b></p> <input type="checkbox"/> Work without permit, initial (\$55)<br><input type="checkbox"/> Work without permit, secondary (\$330)<br><input type="checkbox"/> Other fee: _____ <p><input type="checkbox"/> Fees Waived because: _____</p> | <p><b>Fees</b></p> <table border="0" style="width: 100%;"> <tr> <td>1. Base Permit Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. Plan Review Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3. Additional Fees (from left)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><b>4. Total Fee (#1 + #2 + #3)</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> <tr> <td>5. Tech Fee (10% of #4)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>6. Admin Fee (10% of #4)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>7. 2% State Levy (2% of #4)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><b>8. Grand Total Fee</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </table> <p style="text-align: right;"><i>(fee with 2.95% credit-card fee)</i>    <b>\$</b></p> | 1. Base Permit Fee | \$ _____ | 2. Plan Review Fee | \$ _____ | 3. Additional Fees (from left) | \$ _____ | <b>4. Total Fee (#1 + #2 + #3)</b> | <b>\$ _____</b> | 5. Tech Fee (10% of #4) | \$ _____ | 6. Admin Fee (10% of #4) | \$ _____ | 7. 2% State Levy (2% of #4) | \$ _____ | <b>8. Grand Total Fee</b> | <b>\$ _____</b> |
| 1. Base Permit Fee  | \$ _____   |   |                    |          |                    |          |                                |          |                                    |                 |                         |          |                          |          |                             |          |                           |                 |
| 2. Plan Review Fee  | \$ _____   |   |                    |          |                    |          |                                |          |                                    |                 |                         |          |                          |          |                             |          |                           |                 |
| 3. Additional Fees (from left)  | \$ _____   |   |                    |          |                    |          |                                |          |                                    |                 |                         |          |                          |          |                             |          |                           |                 |
| <b>4. Total Fee (#1 + #2 + #3)</b>  | <b>\$ _____</b>  |   |                    |          |                    |          |                                |          |                                    |                 |                         |          |                          |          |                             |          |                           |                 |
| 5. Tech Fee (10% of #4)   | \$ _____   |   |                    |          |                    |          |                                |          |                                    |                 |                         |          |                          |          |                             |          |                           |                 |
| 6. Admin Fee (10% of #4)  | \$ _____   |   |                    |          |                    |          |                                |          |                                    |                 |                         |          |                          |          |                             |          |                           |                 |
| 7. 2% State Levy (2% of #4)   | \$ _____   |   |                    |          |                    |          |                                |          |                                    |                 |                         |          |                          |          |                             |          |                           |                 |
| <b>8. Grand Total Fee</b>   | <b>\$ _____</b>  |   |                    |          |                    |          |                                |          |                                    |                 |                         |          |                          |          |                             |          |                           |                 |