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D. BARRY SANDERS
Code Administrator

CHRISTOPHER H. JETT
Director of Planning & Information

Building Permit Applicant General Information Sheet

Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: (____) _____

Project Location: _____

Project Description: _____

Square Footage (if applicable): _____

Estimated Construction Costs:

Building: \$ _____

Electrical: \$ _____

Plumbing: \$ _____

Mechanical: \$ _____

Gas: \$ _____

Sprinkler: \$ _____

Elected Building Code (if known): _____ CABO _____ BOCA

Power Company (if applicable): _____ Virginia Power _____ Northern Neck Electric Cooperative

Contractor Name: _____

Contractor Mailing Address: _____

Contractor Phone Number: (____) _____ Contractor License Number: _____

Mechanics Lien Agent Name (if applicable): _____

Mechanics Lien Agent Mailing Address: _____

Mechanics Lien Agent Phone Number: (____) _____