



**COUNTY OF HALIFAX**  
**BUILDING PERMIT APPLICATION**  
 1050 Mary Bethune Street  
 P. O. Box 699, Halifax, VA 24558  
 Phone: (434)476-3300 Fax: (434)476-3384  
 Completed applications may be emailed to  
 Nancy Kamp OR Linda Younger  
 ntk@co.halifax.va.us lfy@co.halifax.va.us

**APPROVED**  
 Zoning: \_\_\_\_\_  
 Application: \_\_\_\_\_  
 Permit No: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of Project Site: (911 if available) \_\_\_\_\_

Directions to Project Site from Town of Halifax: \_\_\_\_\_

**The Zoning Department must Sign Off on this section:**

Tax Map (PRN) #: \_\_\_\_\_ Type of Zoning: \_\_\_\_\_ Election District: \_\_\_\_\_ Total Acres: \_\_\_\_\_ Conditional Use(Y/N) \_\_\_\_\_

Halifax County     Town of Halifax (Zoning Permit Included)     Town of South Boston (Zoning Permit Included)

Set-backs: Front: \_\_\_\_\_ Right Side: \_\_\_\_\_ Left Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Category of Construction \_\_\_\_\_ Building Code Used: \_\_\_\_\_ (OFFICE USE)

A. Commercial-Describe: \_\_\_\_\_

# Of Buildings \_\_\_\_\_ # of Units \_\_\_\_\_ Type of Construction \_\_\_\_\_ Use Group \_\_\_\_\_

B. Residential-Describe: \_\_\_\_\_  Stick Built  Modular

C. Addition/Remodel-Describe: \_\_\_\_\_

D. Manufactured Homes: Year: \_\_\_\_\_ x \_\_\_\_\_ Singlewide \_\_\_\_\_ x \_\_\_\_\_ Doublewide \_\_\_\_\_ x \_\_\_\_\_ Triple wide

E. Sign:  New  Reface: \_\_\_\_\_ Dimensions: \_\_\_\_\_ x \_\_\_\_\_

F. Demolition:  Residential or  Commercial Comments/Square Feet: \_\_\_\_\_

Utilities:  Public Water  Public Sewer HCSA Approval: \_\_\_\_\_

Private Well  Private Septic Health Dept. Permit # \_\_\_\_\_

Electric Company:  Dominion Power  Mecklenburg Electric  Danville Power

**Construction Information: Square Footage per Floor including Additions, Remodels, Decks, & Porches**

Basement: \_\_\_\_\_ 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> Floor: \_\_\_\_\_ Other: \_\_\_\_\_

Decks: \_\_\_\_\_ Porches: \_\_\_\_\_ Other: \_\_\_\_\_ Garage: \_\_\_\_\_ Carport: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Number of Handi-cap Restrooms: \_\_\_\_\_

Exterior Walls:  Stucco  Wood Siding  Vinyl  Brick  Metal  Log  Other: \_\_\_\_\_

Type of Heat:  Electric-hp  Gas-hp  Oil  Hot Water      Fireplace(s): \_\_\_\_\_  Gas  Electric  Wood

Trade Cost(s): Electrical: \$ \_\_\_\_\_ Plumbing: \$ \_\_\_\_\_ HVAC: \$ \_\_\_\_\_

Fuel Gas: \$ \_\_\_\_\_ Fire Protection: \$ \_\_\_\_\_ Structural: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_

**TOTAL Building Construction Cost Including Labor & All Trades:**

\$

Check ALL that APPLY:

**General Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_

VA License # \_\_\_\_\_ BPOL # \_\_\_\_\_ Email: \_\_\_\_\_

**Electrical Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_

VA License # \_\_\_\_\_ BPOL # \_\_\_\_\_

**Plumbing Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_

VA License # \_\_\_\_\_ BPOL # \_\_\_\_\_

**HVAC Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_

VA License # \_\_\_\_\_ BPOL # \_\_\_\_\_

**Fuel Gas Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_

VA License # \_\_\_\_\_ BPOL # \_\_\_\_\_

**Other:** \_\_\_\_\_ Phone: \_\_\_\_\_

VA/Other License # \_\_\_\_\_ BPOL # \_\_\_\_\_

**A. VDOT Transportation/Driveway Permit(s) #:** \_\_\_\_\_

**B. Mechanic's Lien Agent (if any):** \_\_\_\_\_ Phone : (\_\_\_\_\_) \_\_\_\_\_

Mechanic's Lien Agent Address: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules, and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the Code Official or his authorized representative(s) shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

Applicant (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OWNERS AFFIDAVIT (COMPLETE IF APPLICANT IS NOT LICENSED CONTRACTOR)**

I affirm that I am the owner of the property described in this application and that I am familiar with the prerequisites of Section 54.1-111 of the Code of Virginia, as amended, and I am not subject to licensure as a contractor or subcontractor. I am also aware that it is a VIOLATION of State Law to hire or award a contract to an unlicensed contractor.

Signed: (MUST BE NOTARIZED IF OWNER DOES NOT PRESENT IN PERSON) \_\_\_\_\_

Subscribed and sworn before me in the \_\_\_\_\_ of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_