



COUNTY OF HALIFAX TRADE 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 E-mailed to:
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APPROVED
(OFFICE USE ONLY)

Application: _____
Permit No: _____
Permit Cost: \$ _____

PERMIT TYPE (check)			ELECTRICAL PERMIT (check)		
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL (HVAC)	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> Additional Wiring	<input type="checkbox"/> Temporary Pole	
<input type="checkbox"/> FUEL GAS	<input type="checkbox"/> FIRE PROTECTION		<input type="checkbox"/> Repair Service	<input type="checkbox"/> New Service	
			<input type="checkbox"/> Service Change	<input type="checkbox"/> Replace/Repair Equip.	
CATEGORY OF CONSTRUCTION (check)			<input type="checkbox"/> Re-Connect	Amps: _____	
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL			<input type="checkbox"/> Generator/Size (requires fuel gas permit)		
PROPERTY OWNER			Estimated Cost: \$		
Name: _____			ELECTRIC COMPANY		
Mailing Address: _____			<input type="checkbox"/> Dominion Power <input type="checkbox"/> Mecklenburg Electric		
City/State/Zip: _____			<input type="checkbox"/> Danville Power		
Phone#: _____			MECHANICAL PERMIT (check)		
JOB SITE INFORMATION				New	Replace/Repair
Job Address: _____			HVAC Equipment		
City/State/Zip: _____			Estimated Cost: \$		
Apt# or Suite#: _____			PLUMBING PERMIT (check)		
Type of Zoning: _____				New	Replace/Repair
Tax Map (PRN)#: _____			Water Line		
Election District: _____			Sewer Line		
SCOPE OF WORK (describe briefly)			Estimated Cost: \$		
			FUEL GAS PERMIT (check)		
				New	Replace/Repair
			Generator		
			Stove		
			Gas Logs		
			Hot Water Heater		
CONTRACTOR			Estimated Cost: \$		
Business Name: _____			FIRE PROTECTION PERMIT (check)		
Applicant Name: _____				New	Replace/Repair
Address: _____			Fire Alarm		
City/State/Zip: _____			Fire Sprinkler		
Phone#: _____			Hood Suppression		
E-mail: _____			Estimated Cost: \$		
VA License #: _____					
BPOL # _____					

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 _____