

TRADE PERMIT APPLICATION

Permit # _____

Washington County Building & Development Services



1 Government Center Place, Suite A
Abingdon, VA 24210

Phone: 276-525-1340 Fax: 276-525-1309
www.washcova.com

TYPE OF WORK

- Electrical Plumbing
 Mechanical Fire Safety Renewal

CATEGORY OF CONSTRUCTION

- Residential Commercial

WORK DESCRIPTION

JOB SITE INFORMATION

Job Address: _____
 City/State/Zip: _____, _____, _____
 Tax Map/Parcel # _____
 General Contractor: _____
 Project Name: _____

PROPERTY OWNER

Name: _____
 Mailing Address: _____
 City/State/Zip: _____, _____, _____
 Phone #: (____) _____

APPLICANT (Check if) Owner Contractor Renter

Applicant Name: _____
 Phone: _____ Cell: _____
 Email: _____

MECHANICS LEIN AGENT

Name: _____
 Address: _____
 City/State/Zip: _____, _____, _____
 Phone: (____) _____

I hereby certify that I am the owner of the record 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 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: _____
 Signature

Date: _____

ELECTRICAL PERMIT

Additional Wiring: Temporary Pole:
 Repair Service: New Service:
 Service Change: Replace/Repair Equip:
 Amps: _____ Work Order # _____
 AEP BVU BTES
 Overhead Underground
 Contractor Name: _____
 State License #: _____
 Expiration Date: _____
 Estimated Cost of Construction \$ _____

MECHANICAL PERMIT

	New	Replace	Repair
Fuel/Gas			
HVAC Equipment			
Gas Logs			
Commercial Hood			

Contractor Name: _____
 State License #: _____
 Expiration Date: _____
 Estimated Cost of Construction \$ _____

PLUMBING PERMIT

	New	Replace	Repair
Waterline			
Sewerline			

Contractor Name: _____
 State License #: _____
 Expiration Date: _____
 Estimated Cost of Construction \$ _____

FIRE SAFETY PERMIT

	New	Replace	Repair
Fire Alarm			
Hood Suppression			
Fire Sprinkler			

Contractor Name: _____
 State License #: _____
 Expiration Date: _____
 Estimated Cost of Construction \$ _____

FOR COUNTY USE ONLY

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____
 BUILDING PERMIT FEE \$ _____ ZONING COMPLIANCE FEE \$ _____ TOTAL FEE AMOUNT \$ _____
 PARCEL ZONING: _____ FH DISTRICT: YES- NO- AIR SAFETY DISTRICT: YES- NO- MAG. DISTRICT: _____