

General Inquiry / Preliminary Review Form



BUILDING AND ZONING DEPARTMENT (757) 787-5721
 COUNTY OF ACCOMACK, VIRGINIA
 23296 COURTHOUSE AVENUE, RM 105 (757) 824-5223
 P. O. BOX 93
 ACCOMACK, VIRGINIA 23301 FAX (757) 787-8948

County Use Only

Permit No. _____

Zoning: _____

Floodplain: Yes _____ No _____

Bayside _____ Seaside _____

CAPA RMA _____ RPA _____

Permit Fee: \$ _____

Paid: _____

ALL INFORMATION MUST BE PROVIDED PRIOR TO SUBMISSION - PLEASE PRINT / TYPE

PERMIT TYPE: NEW HOME/BLDG ADDITION ACCESSORY BLDG

RE ROOF SIGN DEMOLISH RENOVATION MOVE

SWIMMING POOL CHANGE OF USE OTHER _____

MANUFACTURED HOME _____ Circle One: Block Perimeter or Skirting
(Name of Home & Year)

COMMERCIAL STRUCTURE USE GROUP _____

OWNER INFORMATION:

NAME (PLEASE PRINT) _____ PHONE NO. () - _____ - _____

MAIL ADDRESS: _____ CITY _____ STATE _____ ZIP _____

JOB LOCATION: CTM# _____ 911 ADDRESS _____

BRIEF DESCRIPTION OF WORK: _____

Building Size: ____x____ Height ____ Total Sq. ft. _____ Stories ____ Type of Construction _____

Where appropriate indicate: Current # of Bedrooms ____ Proposed # of Bedrooms ____ Proposed # of Bathrooms ____

Sewer Service: Public Septic Other If Other, Please Specify: _____

Water Service: Public Well Other If Other, Please Specify: _____

ESTIMATED COST OF CONSTRUCTION: \$ _____

CONTRACTOR INFORMATION: CHECK IF SAME AS APPLICANT

COMPANY NAME _____ PHONE NO. () - _____ - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

VIRGINIA CONTRACTOR LICENSE NO. _____ EXP. DATE: _____

ACCOMACK COUNTY BUSINESS LICENSE NO. _____ EXP. DATE: _____

DESIGNATED MECHANICS LIEN AGENT: NONE DESIGNATED

NAME (PLEASE PRINT) _____ PHONE NO. () - _____ - _____

MAIL ADDRESS _____ CITY _____ STATE _____ ZIP _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT IT IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

OWNER CONTRACTOR AGENT OR * IF YOU ARE THE TENANT, OWNER'S SIGNATURE IS REQUIRED, SEE BELOW

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

TENANT SIGNATURE _____ OWNER _____

White: Open BP File (By Name) Yellow: Zoning Admin. Pink: Health Dept. Gold: Assessor