

MECHANIC'S LIEN AGENT
NAME
ADDRESS
CITY/ST/ZIP
PHONE

TOWN OF WYTHEVILLE
 150 EAST MONROE STREET
 P. O. BOX 533
 WYTHEVILLE, VA 24382
 276-223-3339

DATE ISSUED	PERMIT NO.
WORK MUST BEGIN WITHIN 6 MONTHS OF THIS DATE. PERMITS MAY EXPIRE OR BE REVOKED DUE TO IN-ACTIVITY OR NO INSPECTIONS IN A 6-MONTH PERIOD.	
APPROVED BY	

I. LOCATION OF BUILDING

911 Physical Address _____ Subdivision/Lot _____ / _____
 N S E W side of _____ N S E W from intersection of _____
 Zone _____ YARD REQUIRED/ACTUAL: Front _____ / _____ Left _____ / _____ Right _____ / _____ Rear _____ / _____

II. TYPE AND COST OF BUILDING (All applicants complete Parts A-D)

<p>A. TYPE OF IMPROVEMENT</p> <p>1. <input type="checkbox"/> New Building</p> <p>2. <input type="checkbox"/> Addition</p> <p>3. <input type="checkbox"/> Renovation</p> <p>4. <input type="checkbox"/> Excavation, grading</p> <p>5. <input type="checkbox"/> Demolition (indicate most recent use in Part C)</p> <p>6. <input type="checkbox"/> Other _____</p>	<p>B. OWNERSHIP</p> <p>7. <input type="checkbox"/> Private (individual, corporation, non-profit institution, etc.)</p> <p>8. <input type="checkbox"/> Public (federal, state, or local government)</p> <p>C. PROPOSED OR CURRENT USE</p> <p>RESIDENTIAL</p> <p>9. <input type="checkbox"/> One family</p> <p>10. <input type="checkbox"/> Two or more families (Enter number of units _____)</p> <p>11. <input type="checkbox"/> Hotel, motel, or dormitory (No. of rooms _____)</p> <p>12. <input type="checkbox"/> Other (Specify _____)</p>	<p>NON-RESIDENTIAL</p> <p>13. <input type="checkbox"/> Church, other religious</p> <p>14. <input type="checkbox"/> Industrial</p> <p>15. <input type="checkbox"/> Medical (hospital, physician, etc.)</p> <p>16. <input type="checkbox"/> Office, bank, professional</p> <p>17. <input type="checkbox"/> Restaurants</p> <p>18. <input type="checkbox"/> Stores, retail</p> <p>19. <input type="checkbox"/> School, library, other educational</p> <p>20. <input type="checkbox"/> Service station, repair garage</p> <p>21. <input type="checkbox"/> Signs DECAL NO. _____</p> <p>22. <input type="checkbox"/> Other _____</p>
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D. COST (Omit cents)	ESTIMATED COST OF WORK	PERMIT FEE	SURCHARGE	TOTAL PERMIT FEES
23. Cost of construction (PM08) <i>To be installed but not included in above cost</i>	\$ _____	\$ _____	\$ _____	\$ _____
a. Electrical (PM10)	\$ _____	\$ _____	\$ _____	\$ _____
b. Plumbing (PM12)	\$ _____	\$ _____	\$ _____	\$ _____
c. Mechanical (PM29)	\$ _____	\$ _____	\$ _____	\$ _____
d. Sign, other _____ (PM35)	\$ _____	\$ _____	\$ _____	\$ _____
24. Total estimated value of improvements (including all costs and value of materials and/or labor furnished without cost)	\$ _____	\$ _____	\$ _____	\$ _____

III. FOR NEW BUILDINGS AND ADDITIONS (Complete E-K)

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>25. <input type="checkbox"/> Masonry (wall bearing)</p> <p>26. <input type="checkbox"/> Wood frame</p> <p>27. <input type="checkbox"/> Structural steel</p> <p>28. <input type="checkbox"/> Reinforced concrete</p> <p>29. <input type="checkbox"/> Other (specify) _____</p> <p>F. DIMENSIONS</p> <p>30. Number of stories _____</p> <p>31. Total square feet of all floor areas based on exterior dimensions _____</p> <p>32. Total land area sq.ft. _____</p>	<p>G. PRINCIPLE TYPE OF HEATING FUEL</p> <p>33. <input type="checkbox"/> Gas</p> <p>34. <input type="checkbox"/> Oil</p> <p>35. <input type="checkbox"/> Electricity</p> <p>36. <input type="checkbox"/> Other (specify) _____</p> <p>H. RESIDENTIAL BUILDINGS ONLY</p> <p>37. Number of bedrooms _____</p> <p>38. Number of bathrooms _____ Full _____ Partial _____</p>	<p>I. TYPE OF SEWAGE DISPOSAL</p> <p>39. <input type="checkbox"/> Public</p> <p>40. <input type="checkbox"/> Individual (septic tank, etc.)</p> <p>Application No. _____</p> <p>J. TYPE OF WATER SUPPLY</p> <p>41. <input type="checkbox"/> Public</p> <p>42. <input type="checkbox"/> Individual (well, etc.)</p> <p>Application No. _____</p> <p>K. OFF-STREET PARKING</p> <p>43. Enclosed _____</p> <p>44. Outdoors _____</p>
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IV. IDENTIFICATION

1. Owner name _____ Phone _____
 Mailing address _____
 City, State, Zip _____

2. Contractor name _____ Phone _____
 Mailing address _____ CLASS _____ EXPIRATION DATE _____
 City, State, Zip _____ LICENSE NO. _____

3. Architect/Engineer _____ Phone _____
 Mailing address _____
 City, State, Zip _____

The owner of this building and the undersigned agree to conform to all applicable codes and ordinances of the Town of Wytheville. NOTES: 1. Call for inspection before pouring any concrete. 2. A Certificate of Occupancy may be necessary and will be issued upon completion of construction provided compliance is made with terms of approved application.

Signature of applicant	Address	Date
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