



**City of Manassas Park
Department of Building Inspections
Inspection Requests (24 Hour Min. notice)
(703) 335-8815**

Permit # _____
Date Issued: _____
Issued By: _____
Business License

APPLICATION FOR BUILDING PERMIT

PROJECT (OR STORE) NAME IF DIFFERENT FROM OWNER NAME _____

PREMISE ADDRESS _____
CHECK ONE BOX BELOW TO IDENTIFY OWNER, LEASEE OR CONTRACTOR AS "PERMIT HOLDER".

<input type="checkbox"/> OWNER _____ ADDRESS _____ PHONE _____ ARCHITECT/PE _____	<input type="checkbox"/> CONTRACTOR _____ ADDRESS _____ PHONE _____ STATE REGISTRATION # _____ CLASS _____ EXPIRATION DATE _____
--	--

LESSEE NAME / ADDRESS / PHONE _____

SUBD OR SITE NAME _____ SECTION _____ PHASE _____ LAND/BAY _____ BLOCK _____ LOT _____

TYPE OF EROSION CONTROL TO BE PROVIDED: INDIVIDUAL PERIMETER NONE LOT IN FLOOD PLAIN? YES NO
RIGHT OF INSPECTION - ARTICLE 6.1 CODE OF VIRGINIA, EROSION AND SEDIMENT CONTROL LAW 21-89, 8.A

TYPE OF USE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS / OFFICE <input type="checkbox"/> PUBLIC / INSTITUTIONAL <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MERCANTILE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> CHURCH	TYPE OF IMPROVEMENT: <input type="checkbox"/> NEW STRUCTURE <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION/REPAIR <input type="checkbox"/> TENANT LAYOUT <input type="checkbox"/> OTHER _____	WATER SUPPLY: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE SEWAGE DISP: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE TYPE OF PRIMARY HEATING: _____ \$ VALUE OF WORK OR CONTRACT COST _____
--	---	--	--

FOR ALL RESIDENTIAL CONSTRUCTION, EXCEPT MULTI-FAMILY RENTAL, IT IS OPTIONAL TO PROVIDE THE NAME, ADDRESS AND TELEPHONE OF THE OWNER'S DESIGNATED LIEN AGENT. YOU MAY COMPLETE THIS SECTION AS "NONE DESIGNATED".

FOR RESIDENTIAL NEW CONSTRUCTION ONLY: UNIT TYPE: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> OTHER _____	(NOTE: DECKS AND SWIMMING POOLS REQUIRE SEPARATE BUILDING PERMITS.) TYPE CONSTRUCTION: <input type="checkbox"/> MODULAR <input type="checkbox"/> PANELIZED <input type="checkbox"/> CONVENTIONAL # OF BEDROOMS: _____ # OF FULL BATHS: _____ # OF HALF BATHS: _____	GARAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO CARPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO BASEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO % OF BASEMENT TO BE FINISHED: _____ MASONRY CHIMNEY: <input type="checkbox"/> YES <input type="checkbox"/> NO PRE-FAB FIREPLACE: <input type="checkbox"/> YES <input type="checkbox"/> NO MODEL NAME: _____
--	---	---

NOTE: ELECTRICAL/PLUMBING/MECHANICAL WORK REQUIRE SEPARATE PERMITS.

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and that all construction will comply with the Virginia Uniform Statewide Building Code and applicable ordinances. Permit holder is responsible party for compliance with VUSBC and applicable ordinances. I request that a Certificate of Use and Occupancy be issued upon completion of the work authorized by this permit, provided all other requirements have been satisfied.

SIGNATURE _____
PRINT NAME _____ TELEPHONE _____
 OWNER CONTRACTOR AUTHORIZED AGENT

APPLICANT: DO NOT WRITE BELOW THIS LINE

OFFICE
Zoning Administrator _____ DATE _____ APPROVED BY _____
Total sq. ft. @ _____ per sq. ft. +1% State Levy fee _____ \$ _____
Plans Review Fee \$ _____ Date Paid _____
Approved by Building Official _____ \$ _____