

**Douglas Smith**  
 Building Official  
 Director of Permits & Inspections



**Department of Permits & Inspection**  
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[www.portsmouth.va.us/forms/forms.htm](http://www.portsmouth.va.us/forms/forms.htm)

OFFICE USE ONLY	
Case No. BLD2019 - _____	
Checked by: _____	
Sq. Ft. _____	Occ. _____
Const Type _____	Use _____

## BUILDING PERMIT APPLICATION

Address of Job \_\_\_\_\_

Description of Work \_\_\_\_\_

Application Submitted By: \_\_\_ Architect \_\_\_ Contractor \_\_\_ Owner \_\_\_ Tenant \_\_\_ Owner's Agent

Owner \_\_\_\_\_

Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor \_\_\_\_\_

Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

State Reg. No.: \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_ Endorsements \_\_\_\_\_

**RESIDENTIAL**     One Family     Two Family     Multi-Family \_\_\_\_\_ # of units     Hotel, Motel     Others

**COMMERCIAL**     Assembly     Office, Bank \_\_\_\_\_ # of units     Elevator(s) # of \_\_\_\_\_  
 Educational     Factory/Industrial     High Hazard     Temporary  
 Mercantile, Stores \_\_\_\_\_ # of units     Other \_\_\_\_\_  
 Institutional:     Hospital     Convalescent     Day Nurseries

FINISHED FLOOR ELEVATION \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

PLAN REVIEW FEE: \$ \_\_\_\_\_

VALUATION: \$ \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

STATE LEVY: \$ \_\_\_\_\_ TOTAL PERMIT FEE: \$ \_\_\_\_\_

**MECHANIC'S LIEN AGENT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**I DECLARE** that I have made this application and it is true and correct to the best of my knowledge and belief. I agree to construct the describe improvements in compliance with all provisions of the Municipal Code and Ordinances of the City of Portsmouth and state law (including but not limited to the Virginia Uniform Statewide Building Code.) I realize that this information is the basis for the review and approval of any plans in connection with issuance of the building permit. Permits where no inspections have been called for in 180 days shall expire and new permits must be applied for and all fines and fees paid before new permits will be issued.

APPLICANT (Please Print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF IMPROVEMENT (OFFICE USE ONLY)	
<input type="checkbox"/> New Building _____	<input type="checkbox"/> DEMOLITION _____
<input type="checkbox"/> Addition _____	Sewer plugging fee paid <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New Accessory _____	<input type="checkbox"/> Moving (relocation) _____
<input type="checkbox"/> Alteration _____	<input type="checkbox"/> Foundation ONLY
<input type="checkbox"/> Repair, replacement _____	