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The City of
Portsmouth
BUILDING PERMIT APPLICATION
 Department of Permits & Inspections
 801 Crawford Street
 Portsmouth, VA 23704
 Tel (757) 393-8531 Fax (757) 393-5108
 www.portsmouthva.gov/forms/PermitsInspections

OFFICE USE ONLY Case
 No. BLD2022- _____
 Checked by: _____
 Sq. Footage _____
 Use Group _____ Occ. Load _____

Address of Job _____

Description of Work _____

Application Submitted By: _____ Architect _____ Contractor _____ Owner _____ Tenant _____ Owner's Agent

Owner _____
 Phone _____ Cell _____ Fax _____

Address _____
 City _____ State _____ Zip Code _____

E-mail _____

Contractor _____
 Phone _____ Cell _____ 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 _____

VALUATION: \$ _____

PLAN REVIEW FEE: \$ _____

PERMIT FEE: \$ _____

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

MECHANIC'S LIEN AGENT

NAME _____ PHONE _____

ADDRESS _____
 City _____ State _____ Zip Code _____

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 described 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 permits will be issued.

APPLICANT (Please Print) _____ SIGNATURE _____ DATE _____

**TYPE OF IMPROVEMENT
 (OFFICE USE ONLY)**

- New Building _____
- Addition _____
- New Accessory _____
- Alteration _____
- Repair, Replacement _____

- DEMOLITION _____
- Sewer plugging Fee paid Yes No
- Moving (relocation)
- Foundation ONLY