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We're a Natural

BUILDING CODE OFFICIAL  
336 WATER STREET  
GATE CITY, VA 24251



SCOTT COUNTY  
DEPARTMENT OF INSPECTIONS

**Building Permit Application**  
(SINGLE FAMILY DWELLING)

**Owner / Property Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Tax Map # \_\_\_\_\_

Flood Zone Yes No Unknown  
If yes is a Certificate of elevation attached with application yes no

Site Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed directions including road names / numbers and mileage  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Work**

\_\_\_\_\_ Square footage  
\_\_ ranch / one story  
\_\_ split-level  
\_\_ cape cod / 1.5 story  
\_\_ two story  
  
Foundation \_\_ (crawl space) \_\_ (poured slab) \_\_ (basement)  
Number of rooms \_\_\_\_  
Number of bathroom(s) \_\_\_\_  
Fire place yes no  
Exterior finish \_\_ (wood siding) \_\_ (vinyl siding) \_\_ (brick) \_\_ (rock) other \_\_\_\_\_

**Contractor Information**

Contractor's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VA Lic # \_\_\_\_\_ - \_\_\_\_\_

Class                    \_\_A                    \_\_B                    \_\_C

**Complete the following if you are an OWNER doing your own work, and are not subject to licensure as a contractor or subcontractor.**

If you are an owner and intend to do the work or subcontract the work out, an OWNER AFFIDAVIT is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing the Owner Affidavit, and in turn obtaining the permit in your name names you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and that you also understand that if it is found by the Building Official that work is being performed by unlicensed contractors or subcontractor that the building permit will be revoked under SECTION 112.5 of the Uniform Statewide Building Code. This owner Affidavit must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with section 54.1-1111 of the Code of Virginia.

I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible or compliance with all state laws regulating building construction and use, and compliance with all county ordinances.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature                    Date                    Print name

I, as a WITNESS, saw the owner of this property affix his/her signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the State of Virginia.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Witness's Signature                    Date                    Print name

**Other Required Information**

**Sewer System**

Septic      VDH Permit Number \_\_\_\_\_  
 PSA Sewer  
 Town Sewer

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**Scott County Soil and Water**

Permit number \_\_\_\_\_  
Wavier Number \_\_\_\_\_

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**Incorporated Towns**

The proposed construction described is in accordance with all zoning regulations and / or any ordinances (including flood zoning) that the town may have in place.

Town: \_\_\_\_\_

Official's signature \_\_\_\_\_ Title \_\_\_\_\_

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**Soil Type**

GW  GP  SW  SP  GM  GC  SM  SC  ML  CL  CH  H  OL  OH  PT

Expansive soil  YES  NO

Soil Scientist Signature \_\_\_\_\_ Title \_\_\_\_\_ DATE \_\_/\_\_/\_\_

***Applicant acknowledgement: I understand that the issuance of this permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I agree to comply with all applicable provisions of the USBC and all other laws or ordinances affecting the proposed development.***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEPARTMENT USE ONLY:**

Approved for Compliance: (circle one)    YES    NO

By \_\_\_\_\_

Signature

Title

Date