

**BUILDING INSPECTION
DEPARTMENT**

Phone: 276-821-6091

**CITY OF BRISTOL
VIRGINIA**



City Hall
300 Lee Street
Bristol, VA 24201

Office Hours 8:00AM-5:00 PM

BUILDING PERMIT APPLICATION

*Date: _____

*LOCATION OF JOB: _____

* TYPE OF WORK: Commercial _____ Residential _____

*Owner: _____ Phone: _____

*Owner's Address: _____
Street City State

Email address: _____

*Construction: Residential: ___ Commercial: ___ New: ___ Addition: ___ Remodel: ___ Pre-existing: ___ Foundation Only: ___
Use Group: _____ Type of Construction: _____ Edition of Code: _____ Design occupant load: _____
Size of Building _____ Number of Floors _____ Floor Area _____ Structure: Wood: ___ Masonry: ___
Automatic Sprinkler: Yes ___ No ___ Fire Alarm: Yes ___ No ___

*Description: _____

*Estimated Value of Work (material and labor) : \$ _____ Permit Fee \$ _____

Contractor's Name: _____ License #: _____ Type: _____

Address: _____ Email: _____

Phone: _____ Cell Phone: _____ Fax: _____

Architect's Name: _____ License #: _____

Address: _____ Email: _____

Phone: _____ Cell Phone: _____ Fax: _____

I HEREBY MAKE APPLICATION FOR A PERMIT TO DO WORK IN ACCORDANCE WITH THE VA UNIFORM STATE BUILDING CODE IN EFFECT AT THE TIME OF APPLICATION AND WITH ANY AND ALL REGULATIONS OF THE CITY OF BRISTOL, VA

*Applicant's Signature: _____ *Applicant's Printed Name: _____

*Address: _____ *Phone: _____ *Email _____

*Relationship to owner: Owner _____ Contractor _____ Agent _____ Design Professional _____

THE PROPOSED WORK IS AUTHORIZED BY THE OWNER-IN-FEE AND THE UNDERSIGNED IS AUTHORIZED BY THE OWNER-IN-FEE TO MAKE THE APPLICATION FOR BUILDING PERMIT.

Agent of owner's signature: _____ Agent of Owner's Printed Name: _____

*Denotes required fields

PERMIT: _____
DATE: _____

**Departmental Approval for Building Permit
SIGN-OFF SHEET**

Applicable Department Approvals Required for New Commercial and Residential Buildings, New Additions, Decks, New Detached Structures larger than 256 sq. ft., Swimming Pools. Also, additional approval required for any permitted work within the Clear Creek Golf Course area.

LOCATION OF JOB: _____

DESCRIPTION OF WORK: _____

() **Planning & Zoning** _____ **Date:** _____

() **Z.B.A. Letter:** _____ **Date Recorded:** _____

() **Engineering Dept.** _____ **Date:** _____

() **Health Dept.** _____ **Date:** _____

() **Fire Marshal** _____ **Date:** _____

() **City Manager** _____ **Date:** _____