



CITY OF BUENA VISTA
 Department of Planning & Community Development
 2039 Sycamore Avenue
 Buena Vista VA 24416

Alan McMahan, CBO, MPA
 Building Official
 (540) 261-8635
 inspector@bvcity.org

COMMERCIAL PLUMBING PERMIT APPLICATION

PERMIT #	APPLICATION DATE:		Application is hereby made for a building permit in accordance with the description and for the purposes hereinafter set forth. This application is made subject to all City and State laws, ordinances, rules and regulations now in force or that may hereafter be enacted affecting or regulating thereto and which are hereby agreed to by the undersigned applicant and which shall be deemed a condition entering into the exercise of this permit. Approval of this permit shall not be construed as authority to violate, cancel or set aside any provisions of applicable codes. The work conducted under this building permit will be subject to inspections during normal office hours by appropriate City officials for the purpose of determining compliance with applicable State and City laws and regulations. Such inspections are authorized by VA Code §36-105. By accepting this permit, the undersigned applicant agrees to these inspections. In addition, real estate assessors may inspect work as authorized by VA Code §58.1-3280.
	APPLICABLE VUSBC:		
ASSOCIATED BUILDING PERMIT #:			
INSTRUCTIONS			
Submit completed application with two (2) complete sets of construction documents. New buildings and additions to existing buildings require a Zoning Construction Permit before obtaining a Building Permit. Commercial buildings and large developments may require a Site Plan and/or and Erosion and Sediment Control Plan.			
DESCRIPTION OF WORK			
<i>Please describe the work to be performed...</i>			
JOB LOCATION			
Street Address:		Tax Map #:	
Lot:	Block:	Section:	
Job Site Name:			
OWNER OF RECORD			
An Owner's Affidavit form shall be submitted if the owner/lessee will assume responsibility for the proposed work. Contact our office or visit our website to obtain a copy of this form.			
Name:		Email Address:	
Address:			
City:	State:	Zip:	
Home or Cell Phone:			
I hereby certify that I am the owner or that I have the authority of the owner to make application, that the information given is correct and that the use and construction shall conform to the City Health, Building and Zoning ordinances which are imposed on the property.			
SIGNATURE OF OWNER / AUTHORIZED AGENT			
PRINTED NAME OF OWNER / AUTHORIZED AGENT			
ASBESTOS CERTIFICATION			
<i>I hereby certify that the portions of the building affected by the proposed work have been inspected/tested and any response actions taken shall comply with NESHAP and OSHA standards or exempt from these standards.</i>			

Signature of Owner/Applicant			
Printed Name of Owner/Applicant			
GENERAL CONTRACTOR			
Company Name:			
Address:		City:	State: Zip:
Phone #:		Fax #:	
Email Address:		Dominion Power Inquiry #:	
APPLICANT/ SUBCONTRACTOR			
Company Name:			
Address:		City:	State: Zip:
Phone #:		Fax #:	Email:
Master Tradesman Card #:		VA Contractors License #:	
Master Tradesman Signature:			
Master Tradesman Printed Name:			
EQUIPMENT TO BE INSTALLED			
<i>Check Items Below Applicable to Job</i>			
<input type="checkbox"/> Installation <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Other <input type="checkbox"/> Gas Piping (LP) <input type="checkbox"/> Gas Piping (Natural)			
GAS APPLIANCES	No.	GAS APPLIANCES	No.
Boiler		Gas Logs	
Clothes Dryer		Range With/Without Oven	
Furnace		Gas Water Heater	
Generator		Other	
Piping Length			
TOTAL GAS APPLIANCES:			
<i>Check Items Below Applicable to Job</i>			
<input checked="" type="checkbox"/> Installation (New) <input type="checkbox"/> Alteration <input type="checkbox"/> Repairs <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service (New) <input type="checkbox"/> Water Service (Replace)			
<input type="checkbox"/> Building Sewer (New) <input type="checkbox"/> Building Sewer (Replace) <input type="checkbox"/> Water Heater (Replace) <input type="checkbox"/> Other			
PLUMBING FIXTURES	No. of fixtures	PLUMBING FIXTURES	No. of fixtures
Bath Tub		Laundry Tub	
Drinking Fountain		Lavatory	
Clothes Washer		Service Sink	
Dish Washer		Shower	
Electric Water Heater		Sump Pump	
Floor Drain		Water Closet	
Garbage Disposal		Roof Drains	
Kitchen Sink		Urinal	

Backflow Preventers		Other	
TOTAL PLUMBING FIXTURES:			
ESTIMATED CONSTRUCTION COST (for proposed work):			
For Office Use Only			
PERMIT FEE CALCULATION			PERMIT FEE*
If the Estimated Construction Cost is less than \$1,000,000, then Multiply that amount _____ x .04 to determine permit fee →			_____
OR			
If the Estimated Construction Code is more than \$1,000,0000, then multiply that amount _____ x .06 to determine permit fee: →			_____

POST PERMIT SO IT IS VISIBLE FROM THE STREET

Submission Checklist

- A completed Commercial Plumbing Permit Application
- Current Contractor licensing information
- Two sets of construction documents drawn to scale with sufficient detail and clarity to indicate the nature and extent of the work proposed. *Construction documents may be required to bear the stamp/seal of a registered design professional, either in accordance with §54.1-406 of the Code of Virginia, or as required by the Building Official.
- Completed and signed Owner/Builder Affidavit, if applicable