

Permit Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

# Town of Cheriton

21334 South Bayside Road

Post Office Box 188

Cheriton, Virginia 23316

## Application for Building Permit

757-331-8200 Phone  
757-331-1594 Fax  
townofcheriton@aol.com  
www.townofcheriton.org

Property Owners Name: \_\_\_\_\_

Property Owners Mailing Address: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Property Owners Tele No: \_\_\_\_\_

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

Estimated Cost of Construction: \_\_\_\_\_

Distance to Property Lines: \_\_\_\_\_

Building Size (sq.ft.) Ground Floor: \_\_\_\_\_ Second Floor: \_\_\_\_\_

Type of Heat: \_\_\_\_\_ Central Air :  yes  no

Number of New Rooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Porches/Decks: \_\_\_\_\_

Certificate of Occupancy Required?:  yes  no  temporary

Mechanics Lien Agent Information: \_\_\_\_\_

### Contractor Information:

Contractor Name: \_\_\_\_\_  
Contractors Address: \_\_\_\_\_  
Contractors Telephone Number: \_\_\_\_\_

### Zoning Information:

Zoning Classification: \_\_\_\_\_ Tax Map #: \_\_\_\_\_  
Floodplain area:  yes  no Flood Zone (SFHA): \_\_\_\_\_

### Certification:

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant is: Circle one: Property Owner/ Contractor/ Agent

~~~~~ Office Use Only ~~~~~

### Approvals:

Health Department : \_\_\_\_\_ Date: \_\_\_\_\_

Zoning: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Total Cost: \_\_\_\_\_ Date Paid: \_\_\_\_\_