

**COUNTY OF BLAND BUILDING PERMIT APPLICATION**



P.O. BOX 510; BLAND, VA 24315  
TELEPHONE: (276).688.4622; FAX: (276).688.9758

Date \_\_\_\_\_ Your Name \_\_\_\_\_ Day Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Owner of Property** \_\_\_\_\_ Day Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_

Mailing Address of Owner \_\_\_\_\_

Property Street Address (if known): \_\_\_\_\_

Name of Subdivision (if applicable) \_\_\_\_\_ Lot \_\_\_\_\_

Directions to property (**Not the Street Address**): \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Contractor's Phone# \_\_\_\_\_

Contractor's Address \_\_\_\_\_ License # \_\_\_\_\_

**Copy of VA Contractor's License with all required Specialty Classifications is required before issuance of building permit. PLEASE SELECT CLASS.**

- CLASS A** (\$120,000 or more)       **CLASS C** (over \$1,000 but less than \$10,000)  
 **CLASS B** (\$7,500 or more, but less than \$120,000)       **Owner's Affidavit** (Owner Contractor)

**INDICATE TYPE OF PROJECT BELOW:** (Construction of house, deck, bathroom addition, etc.)

Construction Cost \$ \_\_\_\_\_  
Bldg. Size \_\_\_\_\_

Building Height of Principle Structure \_\_\_\_\_  
Building Height of Accessory Structure \_\_\_\_\_

(Example: 24x 56)

**CONSTRUCTION OF A HOUSE**

Square Footage of:  
1<sup>st</sup> Floor \_\_\_\_\_  
2<sup>nd</sup> Floor \_\_\_\_\_  
3<sup>rd</sup> Floor \_\_\_\_\_  
Basement (Fin.) \_\_\_\_\_  
Basement (Unfin.) \_\_\_\_\_  
Porch \_\_\_\_\_  
Deck \_\_\_\_\_  
Garage \_\_\_\_\_

Construction Type:  
Site Built   
Modular   
**VA PLATE STAMP/SEAL**  
**NO.** \_\_\_\_\_  
 Provide number of:  
Bedrooms \_\_\_\_\_  
Bathrooms \_\_\_\_\_  
Half Baths \_\_\_\_\_

Provide type of:  
Foundation \_\_\_\_\_  
Framing \_\_\_\_\_  
Heat \_\_\_\_\_  
 Other: \_\_\_\_\_

**INSTALLATION OF A MANUFACTURED HOME**

Year \_\_\_\_\_ Manufactured by: \_\_\_\_\_ Color \_\_\_\_\_

Type: (Single, Double) \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of: Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Half Baths \_\_\_\_\_

Name Manufactured Home is listed on DMV records: \_\_\_\_\_

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Tax Map # \_\_\_\_\_ Acreage From Land Card \_\_\_\_\_

Real Estate District \_\_\_\_\_ Electrical District \_\_\_\_\_

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Is there a Chimney? \_\_\_\_\_ Is there a Fireplace? \_\_\_\_\_

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**PRIVATE WATER AND SEWER:** Provide a copy of permit issued by the Health Department; Telephone # (276) 688-3642 (A potable water sample must be obtained and passed prior to issue of Certificate of Occupancy.)

**Septic #** \_\_\_\_\_

**PUBLIC WATER, SEWER, AND/OR GARBAGE:** Please note the following **important** information:

Public Garbage Collection is Mandatory.

Complete and submit a Public Service Authority application for service.

Connection Fees for water and sewer service must be paid in full before installation of service.

**ENTRANCE PERMITS:** Provide a copy of permit, or letter stating that application is being reviewed, from Virginia Dept. of Transportation (VDOT); Telephone # (276) 393-5086.

**BUILDING PLANS:** Provide a sketch of structure or a set of building plans for review, to be retained by Building Official.

**SITE PLANS** are required for the following and should include: The outline of the property. All improvements on the property including other structures on the property. Distance to the front, back and side boundary lines and any existing structures located on the property (survey plat is recommended):

- |          |                 |                    |        |
|----------|-----------------|--------------------|--------|
| *House   | *Additions      | *Porches           | *Decks |
| *Garages | *Storage Bldgs. | *Manufactured Home | *Pools |

**MECHANIC'S LIEN AGENT:** (If none, then mark "*None Designated*")

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

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**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**County Administration Use Only:**

Zoning Official \_\_\_\_\_ Date \_\_\_\_\_

E & S Official \_\_\_\_\_ Date \_\_\_\_\_

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

**FLOOD ZONE:** Is the property located within the 100-year floodplain? (Attach Flood Map)

Yes

No

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**Use Group:** \_\_\_\_\_

Notes & Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Square Feet: \_\_\_\_\_

@ \$0.16 per sq ft: \_\_\_\_\_

or flat fee \_\_\_\_\_

2.0% state surcharge \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Make checks payable to  
*Bland County Treasurer*