

BUILDING PERMIT APPLICATION

City of Newport News
 Department of Codes Compliance
 2400 Washington Avenue 3rd floor, Newport News, Virginia 23607
 757-933-2311/757-926-8311 (fax)
 www.nnva.gov/codes-compliance

Project Address: _____ **Unit:** _____ **Parcel ID:** _____

Applicant (Check One) → **Owner** **Contractor** **Agent** **Design Professional**

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant Name _____ Address _____ City/State/Zip _____ Phone # _____ Fax # _____ Email Address _____	Applicant Name _____ Phone # _____ Applicant Address _____ Contractor Business Name _____ Phone # _____ Contractor Address _____ Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C CID # _____ Email/Other Contact Information _____
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Work to be performed on: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family	Flood Zone: _____ First Floor Elevation: _____ Variance/Special Exception/ Conditional Use Permit # _____ Proposed Value of Work: _____	I agree to perform the proposed work in conformance with the Virginia Uniform Statewide Building Code and the ordinances and regulations of the City of Newport News. Print Name: _____ Date: _____ Signature: _____ Remarks: _____
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The Following Fees and Permits Must be Paid or a Waiver Approved Prior to Issuance of a Building Permit	Type of Work	Description of Work	Mechanic's Lien Agent
HRSD Receipt # _____	<input type="checkbox"/> New Construction	_____	Name _____
City Sewer Receipt # _____	<input type="checkbox"/> Accessory Structure	_____	Address _____
Right of Way Permit # _____	<input type="checkbox"/> Alterations/Repairs	_____	_____
Land Disturbance # _____	<input type="checkbox"/> Addition	_____	Phone # _____
	<input type="checkbox"/> Demolition	_____	<input type="checkbox"/> None Designated
	<input type="checkbox"/> Swimming Pool	_____	
	<input type="checkbox"/> Fence/Barrier	_____	
	<input type="checkbox"/> Temporary Structure	_____	

Office Use Only

Remarks: _____

Approved By: _____ **Date:** _____

ASBESTOS CERTIFICATE
 YES NO
Year Built: _____

Cash: _____ **Check:** _____ **Escrow:** _____
Customer ID #: _____
Cashier: _____