

THE CITY OF PORTSMOUTH
BUILDING PERMIT APPLICATION
DEPARTMENT OF PERMITS & INSPECTIONS

801 Crawford Street
Portsmouth, VA 23704
www.portsmouth.va.us/forms/forms.htm
Tel. (757) 393-8531 FAX (757) 393-5108
PERMISSION IS HEREBY GRANTED TO PERFORM THE FOLLOWING WORK:

1. ADDRESS OF JOB: _____

2. OWNER/AGENT NAME: _____ 3. PHONE NUMBER: _____

4. OWNER/AGENT ADDRESS: _____ ZIP: _____

5. TRADE NAME OF CONTRACTOR: _____ 6. PHONE NUMBER: _____

7. CONTRACTOR'S ADDRESS: _____ ZIP: _____

8. USE:

Residential

- One Family
- Two Family
- Multi-Family
- _____ no. of units
- Hotel, Motel
- Other

Commercial

- Assembly
- Office, Bank, _____ no. of units
- Elevators
- Educational
- Factory/Industrial
- High Hazard
- Mercantile, Stores _____ no. of units

Institutional:

- Hospital
- Convalescent
- Day Nurseries
- Temporary _____
- Other _____

9. FINISHED FLOOR ELEVATION _____ 10. SUBDIVISION: _____

11. VALUATION (Including Land): _____ 12. VALUATION (Excluding Land): _____

13. CHECKED BY: _____

14. MECHANIC'S LIEN AGENT

NAME _____ PHONE _____

ADDRESS _____

15. Signature of Applicant: _____ Date: _____

**TYPE OF IMPROVEMENT
(OFFICE USE ONLY)**

- New Building _____
- Addition _____
- New Accessory _____
- Alteration _____
- Repair, replacement _____

- DEMOLITION _____
- Sewer plugging fee paid? Yes No
- Moving (relocation) _____
- Foundation only

Case No. _____
Job No. _____

Application No. _____