



Department of Inspections County of Floyd
202 East Main Street.
PO Box 218 Floyd, VA 24091

PERMIT APPLICATION

Official Use Only

Permit # _____

E&S Sheet: _____ Health Dept Info: _____

Deed/Plat Info: _____ Title of MH: _____

MLA "Mechanics' Lien Agent" Info; Specify on

Building Permit Informational Form or Enter N/A

APPLICANT

Name: _____ Phone: _____

Company: _____ Cell: _____

Address: _____ City: _____ State _____ Zip _____

E-mail Address: _____

OWNER (If different than above)

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

E-mail Address: _____

ADDRESS OF PROPERTY

(E911 will NOT be issued until a footing inspection is complete)

Address: _____ City: _____ State _____ Zip _____

Tax Map # _____

Magisterial District: _____

Subdivision & Lot # _____

Directions: _____

PROPOSED WORK

☐ Garage

☐ Carport

Prefabricated Structures Must Show:

Ground Snow Load: 30

Wind Design Speed: 115 mph

3 second wind gust

Exposure: B

Seismic Design Category: B

Frost Line Depth: 18

☐ Building

Electrical

BUILDING PERMIT INFORMATION

Building Contractor Information

Business Name: _____
 Contractor's Name: _____
 Contractors License: _____
 Contractor's Address: _____
 Contractor's E-mail Address: _____

If this permit is for a Manufactured Home, only fill out sections 4, 16, 17, & 19

1. Footings ☐ Concrete ☐ Block ☐ Other _____	2. Foundation Wall ☐ Concrete ☐ Block ☐ Other _____	3. Wall Size ☐ 8 inches ☐ 10 inches ☐ 12 inches
4. Dimensions (use outside dimensions) 1 st Floor _____ 2 nd Floor _____ Porches/Deck _____ Basement _____ Carport _____ Garage _____ ☐ Attached ☐ Detached 2 nd Floor Garage _____	5. # of Floors Above Grade ☐ 1 Floor ☐ 1 ½ Floors ☐ 2 Floors	6. Wall Construction ☐ 2x4 ☐ 2x6 ☐ Log ☐ Other _____
7. Floor Construction ☐ Joist ☐ Trusses	8. Floor Finish ☐ Carpet ☐ Tile ☐ Wood ☐ Other _____	9. Roof Construction ☐ Rafters ☐ Trusses
10. Roof Covering ☐ Metal ☐ Shingles ☐ Other _____	11. # of Rooms (Include unfinished & basement) Total # of Rooms _____ (do NOT include bathrooms) Total # of Bathrooms _____ Total # of Bedrooms _____	12. Inside Finish ☐ Sheet Rock ☐ Log ☐ Other _____
13. Type of Heat ☐ Heat Pump ☐ Wood ☐ Gas ☐ Other	14. Fireplaces/Chimneys Fireplaces _____ Chimneys _____	15. Exterior Finish ☐ Log ☐ Brick ☐ Cedar ☐ Vinyl ☐ Other _____
16. Estimated Cost of Work \$ _____	17. Land Disturbed (Count septic/well area, driveway, house site, etc.) _____ Square Feet	18. Mechanics' Lien Agent _____ Address: _____ _____

ELECTRIC PERMIT INFORMATION

Electrical Contractor Information

Business Name: _____
Contractors Name: _____ Phone: _____
Contractor's License Number: _____ Expiration Date: _____
Contractor's Address: _____
Contractor's E-mail Address: _____

A. New Service

Temporary Service

100 amp

200 amp

Other: _____

Work Order # _____

Permanent Service

200 amp

300amp

400 amp

2-200 amps

Other _____

Work Order # _____

B. Running Additional Wire (AEP is NOT involved)

What is the existing electric service?

☐ 200 amp

☐ 300 amp

☐ 400 amp

☐ 2-200 amps

☐ Other _____

Overhead

Underground

C. Upgrading Existing Service:

60 amp to 100 amp

100 amp to 200 amp

200 amp to 400 amp

Other _____

AEP Work Order Disconnect # _____

Reconnect # _____

D. Alternative Service

Solar

Photovoltaic

Other _____

APPLICATION FOR PARCEL APPROVAL PRIOR TO ISSUANCE OF BUILDING PERMIT

Part 1

To confirm that the subject parcel conforms to the Floyd County Subdivision Ordinance (Section 3-1-1g and h), anyone seeking a Building Permit must show one of the following (please place a check in the appropriate box):

☐ An approved Plat of Survey (NOT A LOTLINE REVISION) or Subdivision Plat (copies of those recorded may be obtained at the Courthouse);

--OR--

☐ That the parcel was created legally prior to October 22, 2002 (show copy of recorded deed).

Please attach the appropriate document and complete Part 2 below.

Part 2

As owner or authorized agent of the owner, I certify that the information reported above is true and accurate. By my signature I accept legal responsibility for this affirmation and understand that penalties may be imposed if the statement is incorrect.

Owner or Authorized Agent

Date

STATE OF _____

COUNTY/CITY OF _____, to wit.

I _____, a Notary Public of and for the State and County, does hereby state that _____ did appear before me this _____ day of _____, 20____, and acknowledge the foregoing document by executing the same.

Notary Public

My Commission Expires: _____