

County of Gloucester
Building Inspection
6489 Main St.
Gloucester, VA 23061
BuildingInspectionsStaff@gloucesterva.info

Application for Trade(s) Permit

Date _____ **Permit No.** _____

Applicant:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Building Site Address: _____

Property Owner:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____

Plumbing:

Cost _____

Fixtures _____

Proposed Work _____

Mechanical:

Cost _____

Proposed Work _____

Electrical:

Cost _____

Amps _____

Dominion Order# _____

Proposed Work _____

CONTRACTOR'S NAME _____

VA STATE CONTRACTORS LICENSE NO: _____ **CLASS** _____ **EXP. DATE** _____

TRADESMEN LICENSE NO: _____ **EXP. DATE** _____

CITY OR COUNTY BUSINESS LICENSE NO: _____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT THE ESTIMATED COST SET FORTH ON THE REFERENCED PERMIT, FOR THE PURPOSE OF DETERMINING THE APPLICABLE PERMIT FEE, IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE AND IT IS DETERMINED BY THE FOLLOWING: ACTUAL COST OF ALL LABOR AND MATERIALS INCLUDING ANY AND ALL FURNISHED BY OTHER THAN THE INSTALLER, SHALL BE INCLUDED IN SUCH COST. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE. PERMITS SHALL BECOME INVALID IF WORK IS NOT STARTED WITHIN SIX MONTHS OR IS SUSPENDED OR ABANDONED FOR A CONTINUOUS PERIOD OF SIX MONTHS.

Signature of Applicant/ Contractor/ Owner

Date

Please Print Name