



PLUMBING/GAS PERMIT APPLICATION

Department of Building and Zoning
 P.O. Box 618 Norton, VA 24273
 Phone- 276-679-1160
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OFFICE USE ONLY

PLUMBING PERMIT #:
GAS PERMIT #:
ASSOCIATED PERMIT #

WORK DESCRIPTION	SELECT ONE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL SELECT ONE: <input type="checkbox"/> PLUMBING <input type="checkbox"/> GAS <input type="checkbox"/> PLUMBING AND GAS		
	WORK DESCRIPTION:		
	GAS TYPE (SELECT ONE): <input type="checkbox"/> NATURAL <input type="checkbox"/> PROPANE		
	IF PROPANE (SELECT ALL THAT APPLY): <input type="checkbox"/> SETTING TANK <input type="checkbox"/> RUNNING PRODUCT LINE <input type="checkbox"/> PIPE AND/OR CONNECT TO APPLIANCE		
	IF PROPANE TANK (SELECT ONE): <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		
ID	CONTRACTOR NAME;		CONTRACTOR ID #:
CONTACT	PRIMARY CONTACT PERSON:		CONTACT'S PHONE #:
	CONTACT'S E-MAIL ADDRESS (IF YOU WOULD LIKE FOR US TO CONTACT YOU BY E-MAIL):		
OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME):		OWNER PHONE #:
	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME AS JOB LOCATION):		
JOB INFORMATION	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET NAME):	SECTION:	LOT:
	IF APPLICABLE, WHAT IS THE SHOPPING CENTER NAME OR BUILDING NAME OR TENANT NAME?		
PLBG	WHAT IS THE ESTIMATED COST OF PLUMBING WORK ONLY (materials and labor)? Do not include cost of structural, mechanical, electrical or other auxiliary work in this estimate.		EST. COST OF PLUMBING WORK ONLY:
			\$

GAS	If gas appliances are to be installed as part of this project, this section must be completed. Please circle the type of gas appliances that will be installed. Include BTUs. If you need to research this information, BTU information is listed on a label on the appliance and is available from the manufacturer.	Appliance	# of Appliances	Grand Total BTUs (Number of appliances x BTUs per appliance)
		Gas Dryer		
		Gas Furnace		
		Gas Logs		
		Gas Range/Oven		
		Gas Water Heater		
	Other			
APPLICANT	APPLICANT NAME (PLEASE PRINT):			
	REPRESENTING (Name of Company):			
	APPLICANT SIGNATURE:			DATE:
CONTRACTOR EXEMPTION	COMPLETE THIS SECTION IF YOU ARE EXEMPT FROM BEING A CONTRACTOR			
	Contractor Exemptions-These are common exemptions from being a licensed contractor pursuant to Code of Virginia §54.1-1101: owner or lessee performing work on a commercial building for his or her own use; owner or lessee performing work on not more than one residential building for his or her own use during any 24-month period; students perform work as part of a technical education project for the construction of portable classrooms or single family homes; governmental agencies performing work with its own forces.			
	I submit this statement to be true under penalty of perjury that I am not subject to licensure or certification as a contractor or subcontractor pursuant to chapter 11 of title 54.1 of the Code of Virginia, for the work described on this permit application.			
	SIGNATURE:	DATE:	PLEASE PRINT NAME LEGIBLY:	
OFFICE USE ONLY	PLUMBING PERMIT FEE:	STATE LEVY PLUMBING:		
	GAS PERMIT FEE:	STATE LEVY GAS:		
	TOTAL PERMIT FEE:			
	COMMENTS.			