

HANOVER COUNTY
BUILDING INSPECTOR'S OFFICE
PO BOX 470 (mail)
7516 COUNTY COMPLEX RD. (parcel)
HANOVER, VA 23069
(804) 365-6040



PERMIT # _____
PAYMENT TYPE: _____

COMMERCIAL BUILDING PERMIT APPLICATION
Two sets of plans must be included with permit applications.

OWNER NAME:
MAILING ADDRESS:
CITY, STATE, & ZIP
PHONE NUMBER:
CONTACT PERSON:
EMAIL:

CONTRACTOR NAME:
MAILING ADDRESS:
CITY, STATE, & ZIP
PHONE NUMBER:
CONTACT PERSON:
EMAIL:

MLA:
MAILING ADDRESS:
CITY, STATE ZIP
PHONE NUMBER:
EMAIL:

TENANT:
MAILING ADDRESS:
CITY, STATE, ZIP
PHONE NUMBER:
EMAIL:

GPIN NUMBER: _____ SITE ADDRESS: _____
SE / CUP / SITE PLAN NO. _____ PROJECT NAME _____
PROPERTY NAME: _____

WATER SERVICE: PUBLIC () OR WELL ()
SEWER SERVICE: PUBLIC () OR SEPTIC ()
NUMBER OF FIRE AREAS _____
SPRINKLER TYPE _____

USE GROUP: _____
CONSTRUCTION TYPE: _____
CODE EDITION: _____
OCCUPANT LOAD _____

DESCRIPTION OF WORK:

BLDG HEIGHT _____ NUMBER OF STORIES _____ DWELLING UNITS _____
TOTAL SQ. FT. UNFINISHED _____ TOTAL SQ. FT. FINISHED _____ BUILDING AREA _____

ESTIMATED COST:
PERMIT FEE: _____
2% STATE SURCHARGE: _____
PLAN SURCHARGE: _____
SEPTIC FEE: _____
TOTAL FEES _____

Issuance of a Building Permit shall not be held to permit or to be an approval of the violation of any provision of any county ordinances and codes or any state laws. I here by acknowledge that I have read this application and know the same to be true and agree to comply with all county ordinances and state laws regulating building construction and use.
NOTICE: Applicants are notified that incomplete applications may cause delays. Please complete all information as requested.

APPLICANTS SIGNATURE _____ DATE _____

____ MAIL ____ CALL ____ EMAIL _____ TO PICK UP PERMIT WHEN ISSUED