

# Building Permit Application

777 Lynn Street, 2nd Floor

Herndon, VA 20170

703-435-6850

[buildinginspections@herndon-va.gov](mailto:buildinginspections@herndon-va.gov)



Building Permit Number: \_\_\_\_\_

## JOB LOCATION

Street Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Floor #: \_\_\_\_\_ Suite #: \_\_\_\_\_ Phase #: \_\_\_\_\_ \*Tenant Name: \_\_\_\_\_

\* All new tenants within the Town of Herndon are required to obtain a Town of Herndon Business License. If you have not done so, contact the Department of Community Development to begin the licensing process. Community Development can be reached at [community.development@herndon-va.gov](mailto:community.development@herndon-va.gov) or 703-787-7380.

## OWNER INFORMATION

Name: \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ARCHITECT/ENGINEER

Name: \_\_\_\_\_ Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## \*\* CONTRACTOR

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ License Classification: \_\_\_\_\_

License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Designation: \_\_\_\_\_

\*\*Contractors who do over \$25k dollars worth of work a year within the Town of Herndon are required to obtain a Town of Herndon Business License. If you meet this criteria please contact our Finance Department at 703-435-6813 to begin the licensing process. Please be aware that your permit application will not be reviewed until a license is obtained.

## APPLICANT

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## TYPE OF WORK

Residential	Addition	Demo Interior	Describe Work: _____
Commercial	Alteration	Demo Structure	
Demo Accessory Structure			

## ADDITIONAL INFORMATION

Est. Construction Cost: \$ \_\_\_\_\_ # Bedrooms \_\_\_\_\_ # Non-Sleeping Rooms: \_\_\_\_\_ # Stories: \_\_\_\_\_

Square Footage of Job: \_\_\_\_\_ # Bathrooms \_\_\_\_\_ Height of New Structure: \_\_\_\_\_ Roof Type: \_\_\_\_\_

USBC Code Year: \_\_\_\_\_ # Kitchens \_\_\_\_\_ Construction Type: \_\_\_\_\_ Garage: \_\_\_\_\_

Basement Finished: \_\_\_\_\_ Meter Size: \_\_\_\_\_ Footprint Sq. Ft. \_\_\_\_\_ Model: \_\_\_\_\_

Lien Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sign Dimensions: \_\_\_\_\_ Wall Mounted: \_\_\_\_\_ Free Standing: \_\_\_\_\_

## COMMERCIAL WORK ONLY

If the base building permit was issued before January 1, 1985 you will need to submit an asbestos statement

Existing Bldg Compliance Method: \_\_\_\_\_ Prescriptive (IBC) \_\_\_\_\_ Performance \_\_\_\_\_ Work Area (Level 1-Level 2-Level 3) \_\_\_\_\_

## SIGNATURE

I hereby certify that I have authority to make this application, the information is complete and correct, and the construction and use will conform to the building code, zoning ordinance and other applicable laws and regulations which relate to the property.

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_