



# County of Albemarle

Department of Community Development

401 McIntire Road Charlottesville, VA 22902-4596

*Sub-Contractor Application* Inspection Line: (434) 972-4179 Voice: (434) 296-5832 Fax: (434) 972-4126

## PARCEL/OWNER INFORMATION

TMP \_\_\_\_\_ Current Owner(s) \_\_\_\_\_

## APPLICATION INFORMATION

Application \_\_\_\_\_ Sub Application \_\_\_\_\_  
 Address \_\_\_\_\_

## APPLICATION CONTRACTOR INFORMATION

Company Name	_____	Contractor #	_____
Address	_____	Phone #	(____) _____
City/State	_____	Email Address	_____

ELECTRICAL ?		MECHANICAL?		Count	PLUMBING?		Count
<input type="checkbox"/>	Alarm Systems	<input type="checkbox"/>	Above Ground Tank	<input type="checkbox"/>	<input type="checkbox"/>	Automatic Washers	<input type="checkbox"/>
<input type="checkbox"/>	Bonding	<input type="checkbox"/>	Air Handler	<input type="checkbox"/>	<input type="checkbox"/>	Back Flow	<input type="checkbox"/>
<input type="checkbox"/>	Early Services	<input type="checkbox"/>	Boiler	<input type="checkbox"/>	<input type="checkbox"/>	Bath Tubs	<input type="checkbox"/>
<input type="checkbox"/>	Electrical Wiring	<input type="checkbox"/>	Condenser Unit	<input type="checkbox"/>	<input type="checkbox"/>	Water Cooler	<input type="checkbox"/>
<input type="checkbox"/>	Fuel Dispensing Pumps	<input type="checkbox"/>	Duct Work	<input type="checkbox"/>	<input type="checkbox"/>	Floor Drains	<input type="checkbox"/>
<input type="checkbox"/>	Mobile Homes	<input type="checkbox"/>	Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>	Fire Line	<input type="checkbox"/>
<input type="checkbox"/>	Prefab. Building	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Grease Interceptor	<input type="checkbox"/>
<input type="checkbox"/>	Service Change	<input type="checkbox"/>	Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	Grease Line	<input type="checkbox"/>
<input type="checkbox"/>	Site Lights/Pole	<input type="checkbox"/>	Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water Heaters	<input type="checkbox"/>
<input type="checkbox"/>	Sign Wiring	<input type="checkbox"/>	Gas Furnace	<input type="checkbox"/>	<input type="checkbox"/>	Lavatories	<input type="checkbox"/>
<input type="checkbox"/>	Temporary Services	<input type="checkbox"/>	Gas Logs	<input type="checkbox"/>	<input type="checkbox"/>	Medical Gas	<input type="checkbox"/>
<input type="checkbox"/>	Wiring Generator	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Homes	<input type="checkbox"/>
<input type="checkbox"/>	Wiring Pool	<input type="checkbox"/>	Hood Suppression	<input type="checkbox"/>	<input type="checkbox"/>	Mop Sink	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>	Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	Outside Faucets	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Mobile Homes	<input type="checkbox"/>	<input type="checkbox"/>	Prefab. Building	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Oil/Gas Line	<input type="checkbox"/>	<input type="checkbox"/>	Roof Drains	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Oil Furnace	<input type="checkbox"/>	<input type="checkbox"/>	Re Pipe	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Prefab Building	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Propane	<input type="checkbox"/>	<input type="checkbox"/>	Shower Baths	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Radiant	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Laterals	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Returns	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler Heads	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Roof Top Unit	<input type="checkbox"/>	<input type="checkbox"/>	Urinals	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Supplies	<input type="checkbox"/>	<input type="checkbox"/>	Water Closets	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Underground Tank	<input type="checkbox"/>	<input type="checkbox"/>	Water Lines	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Wood Stove	<input type="checkbox"/>	<input type="checkbox"/>	Whirl Pool	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Wash Tray	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Separate permits may be required for Electrical, Plumbing, Heating, Ventilating, and Air Conditioning.

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

By signing this building permit, the owner and/or their agent hereby grant employees of the Albemarle County Community Development & Real Estate Departments the right to enter and inspect the subject property Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m., holidays excepted.

If you are not the owner of record, please check which applies:

**PRINT OWNER NAME**

I certify that I am the agent for \_\_\_\_\_,

The Owner, and am authorized to submit this application on behalf of the Owner under the agency granted to me.

I am neither the Owner nor the Owner's agent. I certify that written notice of this application, by providing a copy of this application, will be mailed to the Owner at the following address:

**PRINT ADDRESS CITY/STATE ZIP CODE**

\_\_\_\_\_

Within 10 days of today's date as required by Virginia Code §15.2-2204(H). I understand that, if I do not provide the notice to the Owner as provided herein, the building permit application and every other subsequent approval, permit or certificate related thereto could be determined to be void.

\_\_\_\_\_  
Signature of Owner, Contractor, or Authorized Agent      Date

\_\_\_\_\_  
Signature of Owner, Contractor, or Authorized Agent      Date

**ELECTRONIC RECORDS STATEMENT:** Albemarle County is creating and using electronic records and electronic signatures as allowed by the Uniform Electronic Transactions Act (Virginia Code § 59.1-479 et. Seq.). As an applicant to the Building Permit process, you may consent to receive, or have online access to, electronic records and receive and create records having electronic signatures related to Building Permits, Correspondence, Inspection Tickets and Certificates of Occupancy (the Building Permit transactions).

\_\_\_\_\_  
Initials of Owner, Contractor, or Authorized Agent      Date

Your agreement to conduct Building Permit transactions by electronic means does not prevent you from refusing to conduct other transactions by electronic means.