



County Of Cumberland
Building Inspections Department
P.O. Box 110 Cumberland, VA. 23040-0110

County Administrator (804) 492-3625
Building Inspections (804) 492-9114
Zoning Administrator (804) 492-3520
Fax # (804) 492-9224

Application Date: _____

Permit Number: _____

Please check the applicable
permit type applying for:

Electrical Plumbing Mechanical Gas

Owner: _____

Tenant: _____

Name _____ Daytime Telephone No. _____

Mailing Address _____

Applicant
Contractor

Name _____ Daytime Telephone No. _____

Same as Owner

Mailing Address _____

Property Information

Location/Address: _____

Tax Map/Parcel Number: _____ Acres: _____

Zoning District: _____

Show the type and number of each appliance where applicable, (e.g. 1 Electric Washer)

Service Capacity _____ Type Disconnect _____ Bathtub _____

Type Heat _____ Shower _____ Dishwasher _____ Kitchen Sink _____

Air Conditioning _____ Lavatory _____ Clothes Dryer _____ Clothes Washer _____

Location of Air Handler _____ Water Service _____ Sewer Service _____

Type Water Heater _____ Water Closet _____ Range-Oven _____ Urinal _____

Additional Information: _____

Estimated Cost: \$ _____

Name of Power Company you are with: _____

Name account is in: _____ Account number: _____

Work/Project number given by Power Company to do work: _____

General Contractor/ Subcontractor Information

List all General Contractors/Subcontractors Below:

Name/Type License State Contractor's State Tradesman Cumberland County
License Number Certification Number Business License Number

Contractor Signature _____ **Date** _____

Owner' Affidavit (*must sign in front of notary*)

I, (signature here->) _____ of _____ affirm that I am the owner of certain tract or parcel of land located at: _____, and that I am applying for a building permit. I affirm that I am familiar with the prerequisites of 54.1-111 of the code of Virginia and I am not subject to licensure as a contractor or subcontractor.

State of: _____
 County of: _____

Signed and acknowledge on this _____ day of _____, 20_____, In the presence of the undersigned witness.

 Notary

 Expires / ID#

Permit Fee

Residential

Electrical _____
 Plumbing _____
 Mechanical _____
 Gas _____
 Subtotal _____
 2% State Levy _____
 Total _____

Commercial

Electrical _____
 Plumbing _____
 Mechanical _____
 Gas _____
 Subtotal _____
 2% State Levy _____
 Total _____