



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

Building Inspections (804) 492-9114
 e/mail: mtate@cumberlandcounty.virginia.gov

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 _____

Work being completed: _____

Estimated Cost of the job: \$ _____

Power Company you are with: DOM: CVEC: SEC:

Name account is in: _____ Address: _____

Phone number: _____ 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
(current address) _____ 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 _____