



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 Signage (**Plans are required to be submitted with application**)

Owner: _____

Tenant: _____

Name

Daytime Telephone No.

Mailing Address

Contractor:

(subs pg. 2)

Name

Daytime Telephone No.

Mailing Address

Property Information

Location/Address: _____

Tax Map/Parcel Number: _____ Acres: _____

Zoning District: _____

Signs

Ground Mount: ____ (____ x ____)

Roof Mount: ____ (____ x ____)

Electrical: _____

Additional Information: _____

Estimated Cost: Sign \$ _____ Electrical \$ _____

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:

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

Contractor Signature _____ **Date** _____

Sub-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#

	<u>Residential</u>
Electrical	_____
Structure	_____
Subtotal	_____
2% State Levy	_____
Total	_____

Permit Fee

	<u>Commercial</u>
Electrical	_____
Structure	_____
Subtotal	_____
2% State Levy	_____
Total	_____