



COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Please call or visit our website to calculate fee

www.goochlandva.us/permitcalc

Date
Permit #
GPIN
Tax Map

LOCATION

Street Address

PROPERTY OWNERSHIP

Name	Phone
Mailing Address	Email

APPLICANT

Name	Phone
Address	Email

CONTRACTOR

Name	Phone			
Mailing Address	Email			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class

DESCRIPTION OF WORK

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

Signature of Applicant: _____ Date: _____

Office Use Only

Approval: _____	Approval date: _____
Permit Fee: _____	Issued date: _____

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(owner's statement on back)

Owner's Statement Required if Owner is the Applicant

I _____ of (address) _____

affirm that I am the owner of a certain tract or parcel of land located at (address)

I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

_____ (Owner Signature)