



# RESIDENTIAL 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](http://www.goochlandva.us/permitcalc)

Date
Permit #
GPIN
Tax Map

## LOCATION

Street Address
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## 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)