



COMMERCIAL BUILDING PERMIT APPLICATION

Rockingham County Community Development
20 E Gay St
Harrisonburg VA, 22802
Office (540) 564-3030
Fax (540) 564-2922

Prior to Application:

- | | |
|---|---|
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Asbestos Report (if structure was built in 1985 or before) |
| <input type="checkbox"/> Zoning Approval | <input type="checkbox"/> Health Department –When Applicable |
| <input type="checkbox"/> Erosion/Stormwater | <input type="checkbox"/> VDOT - When Applicable |
| <input type="checkbox"/> Public Works – When Applicable | <input type="checkbox"/> Town Zoning |

Building Square Footage: _____ Sq. Ft.

Estimated Cost of Project: \$ _____

Scope of Work:

Location of Work

Tax Map No: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Zoning: _____ Acreage: _____

Contractor Information

Company Name: _____
License No: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No: _____ Fax No: _____
Email: _____

Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No: _____ Fax No: _____
Email: _____

Property Owner Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No: _____ Fax No: _____
Email: _____

Mechanic's Lien Agent

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No: _____ Fax No: _____
 None Designated

Subcontractors

Electrical Permit

Name of Contractor: _____
License Number: _____
Area Being Wired: _____ Sq. Ft.

◦Power Company

- SVEC Virginia Dominion Power

◦Solar

- Ground Mount Roof Mount kW: _____

Mechanical Permit

Name of Contractor: _____
License Number: _____
Area Involved In Work: _____ Sq. Ft.

Plumbing Permit

Name of Contractor: _____
License Number: _____
Area Involved In Work: _____ Sq. Ft.

Tank Permit

Name of Contractor: _____
License Number: _____

Size of Tank: _____ No. of Tanks: _____

- Above Ground Underground
 Interior Line Exterior Line