



King William County
180 Horse Landing Road #4
King William, Virginia 23086
Phone (804) 769-4969 Fax Number (804) 769-2235
Email: permits@kwc.gov

RESIDENTIAL BUILDING PERMIT APPLICATION

Owner: _____ Address _____

Phone _____ Fax _____ Email: _____

Contractor: _____ Address: _____

License #: _____ Email: _____

Phone: _____ Fax: _____

Tax Map #: _____ Subdivision Name: _____

Designated Lien Agent: _____

Building Permit Proposed New Use _____

Water: Private___ or Public_____ Sewer: Private___ or Public_____

Health Permit # _____ #Bedrooms Approved by Health Dept. _____

1st Floor _____ sq.ft. 2nd Floor _____ sq. ft Unfinished _____ sq. ft.

Basement _____ sq. ft. Detached Garage _____ sq.ft. Attached Garage _____ sq. ft.

Porch _____ sq. ft. Deck _____ sq. ft. # Stories _____ # Units _____

Building Height _____ ft. # Bedrooms _____ # Bathrooms _____ # Rooms _____

Gas Fireplace Y___N___ Wood Fireplace Y___N___

Truss System Y___N___ Exterior _____ Interior _____

OtherWork _____

Cost of Construction \$ _____

ISSUANCE OF THIS PERMIT SHALL NOT BE HELD TO PERMIT OR TO BE AN APPROVAL OF A VIOLATION OF ANY PROVISION OF COUNTY ORDINANCES OR STATE LAWS. I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION AND USE.

Applicant/Authorized Agent _____ **Date** _____

*Homeowners Need To Complete If They Are Acting As Their Own Contractors
Please Complete The Affidavit For All Building Projects
The Affidavit and The Occupancy Agreement Need To Be Completed For New Dwellings*

AFFIDAVIT

The undersigned, after being duly sworn, affirms that he/she is the owner of a certain tract of land described, which is not controlled or leased by another party, that he/she has applied for a permit, that he/she is familiar with the licensure requirements which are a prerequisite to issuance of a permit, that he/she is not and will not conduct activities of a contractor, subcontractor, or owner/developer, and that he/she is not subject to licensure as a contractor, subcontractor or owner/developer. I also understand that if I hire an unlicensed contractor to do my work, I will not be protected under the contractor recovery fund.

Signature _____

Date _____

Commonwealth of Virginia
State-at-Large, to-wit:

Sworn and subscribed to before me, a Notary Public, this _____ day of _____, 20____.

My Commission Expires:

Notary Commission # _____

Notary Public

OCCUPANCY AGREEMENT

I hereby agree that, if this dwelling is occupied prior to a Certificate of Occupancy the electrical service to this dwelling shall be disconnected.

Signature _____

Date _____

Commonwealth of Virginia
State-at-Large, to-wit:

Sworn and subscribed to before me, a Notary Public, this _____ day of _____, 20____.

My Commission Expires:

Notary Commission # _____

Notary Public

Office Use Only:

Use Group _____ Use Code _____ Fed Use Code _____ Construction Type _____ Zoning _____
Area _____

Building Fee \$ _____ + State Levy \$ _____ + Plans Review Fee _____ = Total _____