

**COUNTY OF HENRY, VIRGINIA**

**APPLICATION FOR  
PLAN EXAMINATION AND  
BUILDING PERMIT**

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV**

<b>I. LOCATION OF BUILDING</b>	ADDRESS: _____ (No.) (Street)	DIRECTIONS: _____
	SUBDIVISION: _____ LOT _____	

**II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1. <input type="checkbox"/> New Building</p> <p>2. <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, If any, in Part D, 13)</p> <p>3. <input type="checkbox"/> Alteration (See 2 above)</p> <p>4. <input type="checkbox"/> Repair, Replacement</p> <p>5. <input type="checkbox"/> Demolitions (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6. <input type="checkbox"/> Moving (relocation)</p> <p>7. <input type="checkbox"/> Foundation only</p>	<p><b>D. PROPOSED USE - For "Demolition" most recent use</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>Residential</b></p> <p>12. <input type="checkbox"/> One Family</p> <p>13. <input type="checkbox"/> Two or more family - Enter number of units . . . . . → _____</p> <p>14. <input type="checkbox"/> Transient Hotel, Motel, or Dormitory - Enter number of units . . . . . → _____</p> <p>15. <input type="checkbox"/> Garage      <input type="checkbox"/> Garage in Basement</p> <p>16. <input type="checkbox"/> Carport      <input type="checkbox"/> Full Basement</p> <p>17. <input type="checkbox"/> Other - Specify _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; vertical-align: top;"> <p><b>Nonresidential</b></p> <p>18. <input type="checkbox"/> Amusement, Recreational</p> <p>19. <input type="checkbox"/> Church, other religious</p> <p>20. <input type="checkbox"/> Industrial</p> <p>21. <input type="checkbox"/> Parking Garage</p> <p>22. <input type="checkbox"/> Service Station, Repair Garage</p> <p>23. <input type="checkbox"/> Hospital, Institutional</p> <p>24. <input type="checkbox"/> Office, Bank, Professional</p> <p>25. <input type="checkbox"/> Public Utility</p> <p>26. <input type="checkbox"/> School, Library, Other Educational</p> <p>27. <input type="checkbox"/> Stores, Mercantile</p> <p>28. <input type="checkbox"/> Tanks, Towers</p> <p>29. <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> <p><b>Mechanics Lien Agent:</b> _____</p>	<p><b>Residential</b></p> <p>12. <input type="checkbox"/> One Family</p> <p>13. <input type="checkbox"/> Two or more family - Enter number of units . . . . . → _____</p> <p>14. <input type="checkbox"/> Transient Hotel, Motel, or Dormitory - Enter number of units . . . . . → _____</p> <p>15. <input type="checkbox"/> Garage      <input type="checkbox"/> Garage in Basement</p> <p>16. <input type="checkbox"/> Carport      <input type="checkbox"/> Full Basement</p> <p>17. <input type="checkbox"/> Other - Specify _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Nonresidential</b></p> <p>18. <input type="checkbox"/> Amusement, Recreational</p> <p>19. <input type="checkbox"/> Church, other religious</p> <p>20. <input type="checkbox"/> Industrial</p> <p>21. <input type="checkbox"/> Parking Garage</p> <p>22. <input type="checkbox"/> Service Station, Repair Garage</p> <p>23. <input type="checkbox"/> Hospital, Institutional</p> <p>24. <input type="checkbox"/> Office, Bank, Professional</p> <p>25. <input type="checkbox"/> Public Utility</p> <p>26. <input type="checkbox"/> School, Library, Other Educational</p> <p>27. <input type="checkbox"/> Stores, Mercantile</p> <p>28. <input type="checkbox"/> Tanks, Towers</p> <p>29. <input type="checkbox"/> Other - Specify _____</p>
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<b>C. COST</b> 10. Total Value \$ _____	<b>11. Is this a Change of Use permit?</b> yes <input type="checkbox"/> no <input type="checkbox"/>
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**III. SELECTED CHARACTERISTICS OF BUILDING -** *For new buildings and additions, complete Parts E - L; for demolition, complete only Part J, for all others skip to IV.*

<p><b>E. PRINCIPAL TYPE OF FRAME</b></p> <p>30. <input type="checkbox"/> Masonry (Wall Bearing)</p> <p>31. <input type="checkbox"/> Wood Frame</p> <p>32. <input type="checkbox"/> Structural Steel</p> <p>33. <input type="checkbox"/> Reinforced Concrete</p> <p>34. <input type="checkbox"/> Other - Specify _____</p>	<p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>39. <input type="checkbox"/> Public or Private Company</p> <p>40. <input type="checkbox"/> Private (Septic Tank, Etc.)</p>	<p><b>J. DIMENSIONS</b></p> <p>47. Number of stories . . . . .</p> <p>48. Total square feet of floor area, all floors based on exterior dimensions . . . . .</p> <p>49. Total Land area, sq. ft. . . . .</p>	
<p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>35. <input type="checkbox"/> Gas</p> <p>36. <input type="checkbox"/> Oil</p> <p>37. <input type="checkbox"/> Electricity</p> <p>38. <input type="checkbox"/> Other - Specify _____</p>	<p><b>H. TYPE OF WATER SUPPLY</b></p> <p>41. <input type="checkbox"/> Public or Private Company</p> <p>42. <input type="checkbox"/> Private (Well, Cistern)</p>	<p><b>K. NUMBER OF OFF STREET PARKING SPACES</b></p> <p>50. Enclosed . . . . .</p> <p>51. Outdoors . . . . .</p>	<p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>52. Number of bedrooms . . . . .</p> <p>53. Number of bathrooms { Full . . . . . Partial . . . . .</p>

**IV. IDENTIFICATION - To be completed by all applicants**

	Name	Mailing Address - Number, Street, City and State	ZIP Code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

*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 this jurisdiction.*

Signature of Applicant	Address	Application Date
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