



Town of Dumfries
Department of Community Development
APPLICATION FOR PERMITS

John Wilmer Porter Building
17755 Main Street, Dumfries, Virginia 22026
(703)221-3400 ext 116

TYPE OR PRINT IN INK- ALL SECTIONS THAT APPLY,
PLEASE BE SURE TO SIGN THIS FORM ON THE LAST PAGE

Date Received:
Taxes current: Yes No
Permit #:

Property Owner: Phone #:

Mailing Address: Email Address:

Applicant Phone#:

Mailing Address: Email Address:

Project Address/Work location

Subdivision: Lot #: GPIN#:

Nature of Application:

Estimate Cost of Project/Work: Zoning District:

TYPE OF PERMIT REQUESTED:

- Site Street Sign Occupancy Building Electric
Plumbing Mechanical Demolition Other

SUBMITTALS: Sketch Building Plans Plat Site Plan Disconnect letters

OCCUPANCY: Residential Non- Residential Home Occupation Home Day Care

Name of Business
If Business is a non profit, please provide a copy of your 501(c)3

Approvals:

Director of Public Works Date Building Official Date

BUILDING:

Height _____ ft. # of Stories: _____ Gross Floor Area _____ sqft

Construction Conforms to: ICC Code Edition _____

ICC Construction Class: _____ ICC Building Use Group: _____

Plan Review by Fire Marshall Required? YES NO

Sprinklers: Wet Chemical Fire Alarm: Auto Manual Smoke

SIGN: sketch must be provided showing dimensions, height, face copy, colors, etc...

Existing/Current Signage: Sign Area _____ sqft. Building Frontage: _____ ft.

| | | | |
|-----------------------|--|----------------------------|---|
| New/Proposed Signage: | <input type="checkbox"/> Wall | Qty _____ Size _____ sqft. | <input type="checkbox"/> Electric |
| | <input type="checkbox"/> Free Standing | Qty _____ Size _____ sqft. | <input type="checkbox"/> Electric |
| | <input type="checkbox"/> Temporary | Qty _____ Size _____ sqft. | <input type="checkbox"/> Expiration _____ |
| | <input type="checkbox"/> Other | Qty _____ Size _____ sqft. | <input type="checkbox"/> Expiration _____ |

Does Property Front on 2 Streets? YES NO ARB APPROVAL YES NO

ZONING:

| | |
|---|--|
| <input type="checkbox"/> Certificate of Non- Conforming Use | <input type="checkbox"/> Conditional Use Permit (# of Yrs _____) |
| <input type="checkbox"/> Text Amendment | <input type="checkbox"/> Rezoning <input type="checkbox"/> Appeal to BZA <input type="checkbox"/> Certification letter |

COMMISSION/BOARD REVIEWS:

| | | | | |
|---------------------------------------|---|------------------------------|-----------------------------|------------------------------|
| Planning Commission Approval Required | : | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Board of Zoning Appeals | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Architectural Review Board | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

STAFF

NOTES _____

SITE:

Lot Area: _____sq ft. Disturbed Area _____sq ft. Street Frontage: _____sq ft.

Property Flood Plain? Yes No If Yes, state lowest elevation: _____

Property in Resource Protection Area (RPA)? Yes No

Any Non- Conformities? If Yes, mark those that apply. Use Structure Lot

| Bond Estimates: (Based on Prince William County Unit Prices) | | Date Posted |
|--|----------|-------------|
| Performance (public Improvements) | \$ _____ | _____ |
| Erosion & Sediment Control | \$ _____ | _____ |
| Total Bond Estimate | \$ _____ | _____ |

CONTRACTOR(S) TO PERFORM WORK: (COPIES OF STATE LICENSE AND INSURANCE REQUIRED)

NAME: _____ TELEPHONE: _____

MAILING ADDRESS _____

VA LICENSE #: _____ EXP: _____ CLASS: _____ Est. of work _____

NAME: _____ TELEPHONE: _____

MAILING ADDRESS _____

VA LICENSE #: _____ EXP: _____ CLASS: _____ Est. of work _____

NAME: _____ TELEPHONE: _____

MAILING ADDRESS _____

VA LICENSE #: _____ EXP: _____ CLASS: _____ Est. of work _____

NAME: _____ TELEPHONE: _____

MAILING ADDRESS _____

VA LICENSE #: _____ EXP: _____ CLASS: _____ Est. of work _____

APPLICANT'S STATEMENTS (Check as applicable, and sign)

- Applicant is not a contractor or subject to licensure or registration as a contractor.
- Applicant is a duly licensed, registered contractor
- Permit is for one or two- family dwelling unit and the applicant does not request an owner's mechanics' lien agent to be designated.
- Permit is for a one or two- family dwelling unit and the owner's mechanics lien is:

Agent's Name: _____ Telephone: _____

Address: _____

I hereby certify that I have the authority to make the foregoing application that the information given is correct, that I have read and I understand the applicable zoning ordinances for the zoning district, and that this project will comply with all applicable Codes and Ordinances of the Town of Dumfries and the State of Virginia. I further certify that I understand **this permit will be invalid if work does not begin within 6 months after issuance, or if the work is suspended for a period of 6 months after work has commenced.**

Signature of Applicant

Date

FEES:

| Type of Permit/fee | Amount Owed | Date Paid | Cash/Check # |
|--------------------|----------------------------------|-----------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | (1)Base Permit Fee | | \$ _____ |
| | (2)Plan Review Fee | | \$ _____ |
| | (3)TOTAL FEE(1 + 2) | | \$ _____ |
| | (4)2% STATE LEVY (2% OF #3) | | \$ _____ |
| | (5)TOTAL FEE OWED TO TOWN (3+4) | | \$ _____ |