



**COMMERCIAL ALTERATION APPLICATION**

**Applicant/Contractor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**(For Contractors ONLY) State License No.** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Location of the work:** \_\_\_\_\_

All alterations, additions and change of use shall be in compliance with the current edition of The Virginia Rehab Code

**Nature of work: (Check all that apply)**

**Change of Use** \_\_\_\_\_ **Existing Use** \_\_\_\_\_ **Proposed Use** \_\_\_\_\_

**Addition** \_\_\_\_\_

**Alteration** (Choose one option below)

**Level I** \_\_\_\_\_ "Removal and replacement of the covering of existing materials, elements, equipment or fixtures that serve the same purpose"

**Level II** \_\_\_\_\_ "Reconfiguration of space, the addition of any door or window, the reconfiguration or extension of any system or the addition of any additional equipment"

**Level III** \_\_\_\_\_ "The work area as defined, exceeds 50% of the aggregate area of the building"

**PERMIT FEE CALCULATIONS**

Square Footage: **(Up to 40,000):** \_\_\_\_\_ x 0.16 = \_\_\_\_\_

(Minimum \$85.00 fee) **(Over 40,000):** \_\_\_\_\_ x 0.12 = \_\_\_\_\_

**Tech Fee (5.00%)** = \_\_\_\_\_

**Surcharge (2.00%)** = \_\_\_\_\_

**Total Permit Fee** = \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**Value of Construction:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

Email applications to [planreview@iwus.net](mailto:planreview@iwus.net) or mail to Isle of Wight County, Attn: Central Permitting, PO Box 80, Isle of Wight, VA 23397