



COMMERCIAL CONSTRUCTION APPLICATION
(New Construction Only)

Applicant/Contractor's Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone Number: () _____ **Work** () _____

Email Address: _____

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

Property Owner: _____

Location of the work: _____

District: _____ **Tax Id No.** _____

PROJECT SPECIFICATIONS

Use Group: _____ **Minimum Construction Type:** _____ **Occupant Load:** _____

Live Load: _____ **Edition of Code:** _____

Number of Stories: _____ **Sq. Ft. per Floor:** _____ **Total Square Footage:** _____

Total Value of Construction: _____

Description of work: _____

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 = _____

***Applicant's Signature:** _____

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

**See Back for Additional Information needed

Commercial Building Permit Application Required Information

	Submitted	
	<u>Yes</u>	<u>N/A</u>
Construction Documents & Plans (2 sets)		
Water Tap Fee receipt		
Sewer Tap Fee Receipt		
Private Sewage Disposal System Permit		
Zoning Permit/Land Disturbing Permit		
CBPA Performance Statement		
Special Inspections Statement		
Health Department approval (Restaurant)		
Plan review fee of \$250		

I _____ hereby certify all documents indicated above are included with this application. If after review the application is deemed incomplete I will be assessed a \$125 re-inspection fee that shall be paid prior to processing the application and issuance of the permit.

Signature: _____

Date: _____