CITY OF BLUE RIDGE

BUILDING PERMIT APPLICATION

PERMIT NUMBER	
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*PERMITS EXPIRE 12 MONTHS AFTER APPROVAL. WORK <u>MUST</u> START WITHIN 90 DAYS TO KEEP PERMIT ACTIVE.

NO EXTENSIONS WILL BE GRANTED

PROJECT VALUATION_____

SITE INFORMATION									
PROJECT ADDRESS			SU	JBDIVISION	LOT		BLOCK		
BUSINESS NAME (IF COMMERCIAL PR	ROJECT)		·						
OWNER NAME			O	OWNER CONTACT PHONE					
OWNER EMAIL			0	WNER ADDRESS	5				
CONSTRUCTION TYPE									
□ COMMERCIAL □ RESIDENTIAL □ SIGN □ TEMPORARY USE □ OTHER									
Frame Finish Out Multi-Family Retaining Wall Screening Wall Residential Single Family Residential Duplex/Townhome Accessory Building Addition, Residential Alteration, Residential Patio/Carport Concrete **APPLICATIONS MUST BE SUBMITTE	ED WITH /		al	Alte	dition, Commercial eration, Commercial ecial Event				
DESCRIPTION OF WORK									
LIVING AREA: SQ FT	GARAGI	E: SQ FT		PORCH: SQ FT		TOTAL: SQ FT			
CONTRACTOR INFORMATION									
NAME: CONTACT PHONE:									
EMAIL: SIGNAT			SIGNATU	IRE:					
PERMIT FEE:		WATER TAP:			SEWER TAP:				
WATER IMPACT: SEWER IMPACT:									
TOTAL FEES: ISSUED BY:				DATE:					

TO SCHEDULE AN INSPECTION, CALL 877-837-8775

BV PROJECT#_____

OR EMAIL inspectionstx@us.bureauveritas.com