



DEPARTMENT OF NEIGHBORHOOD SERVICES
306 CEDAR ROAD, P.O. BOX 15225, CHESAPEAKE, VA 23322
PHONE: (757) 382-6018 FAX: (757) 382-8448
EMAIL: neighborserv@mail.city.chesapeake.va.us

Project Name:				Date:	
Project Address:				Lot/Suite#	
Applicant:	Owner	Contractor	Agent	Tenant	
Signature				Please Print Name	
Specify Type of Work to be Done		<input type="checkbox"/> New	<input type="checkbox"/> Alteration	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/>	RESIDENTIAL		<input checked="" type="checkbox"/>	COMMERCIAL/INDUSTRIAL	
<input type="checkbox"/> 05	Addition	<input type="checkbox"/> 24	Antenna/Towers		
<input type="checkbox"/> 25	Bulk Head/Pier/Boatlift	<input type="checkbox"/> 15	Apartments		
<input type="checkbox"/> 31	Condominium	<input type="checkbox"/> 14	Church Alteration/Addition		
<input type="checkbox"/> 05	Deck	<input type="checkbox"/> 13	Church Foundation		
<input type="checkbox"/> 21	Fence with Pool	<input type="checkbox"/> 12	Church New Building		
<input type="checkbox"/> 19	Fence without Pool	<input type="checkbox"/> 28	City Building		
<input type="checkbox"/> 05	Fire Damage Repair (Post Fire Inspection Required)	<input type="checkbox"/> 08	Commercial Alteration/Addition		
<input type="checkbox"/> 18	Garage/Carport	<input type="checkbox"/> 07	Commercial Foundation		
<input type="checkbox"/> 05	Garage/Conversion	<input type="checkbox"/> 06	Commercial New Building		
<input type="checkbox"/> 20	Gazebo/Greenhouse	<input type="checkbox"/> 39	Construction Trailer		
<input type="checkbox"/> 30	Mobile Home		Day Care/Assisted Living		
<input type="checkbox"/> 29	Moved Residence	<input type="checkbox"/> 11	Industrial Alteration/Addition		
<input type="checkbox"/> 21	Pool/Hot Tub	<input type="checkbox"/> 10	Industrial Foundation		
<input type="checkbox"/> 16	Private School	<input type="checkbox"/> 09	Industrial New Building		
<input type="checkbox"/> 04	Residential Alteration	<input type="checkbox"/> 23	Sign		
<input type="checkbox"/> 05	Residential Foundation	<input type="checkbox"/> 33	Special Event/Outdoor Sales		
<input type="checkbox"/> 05	Roofing		Other _____		
<input type="checkbox"/> 32	Shed (150' Sq Ft)	Cost of Construction: \$ _____			
<input type="checkbox"/> 20	Shed (Over 150' Sq Ft)				
<input type="checkbox"/> 01	Single Family Residence	Square Footage: _____			
<input type="checkbox"/> 05	Sunroom/Patio Enclosures				
<input type="checkbox"/> 02	Town House				
<input type="checkbox"/>	Other _____				

Model Home Yes No Model Number: _____

Subdivision Show House Yes No Subdivision Name: _____

Health Dept Well Septic **City** Water Sewer **One Stop Payment** Yes No

Owner or Contractor Name: _____

Address: _____ State Lic # _____ Class A B C

City/State/Zip Code: _____ Chesapeake Business License # _____

Telephone # _____ Fax # _____

Responsible Land Disturber (applies to new homes)	
Name: _____	Certificate # _____ Expiration Date _____
Mechanic's Lien Agent (if applicable)	
Name: _____	Address: _____
Phone # _____	<input type="checkbox"/> No designated MLA