



DEPARTMENT OF DEVELOPMENT & PERMITS
306 CEDAR ROAD, P.O. BOX 15225, CHESAPEAKE, VA 23322
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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"/>	04	Residential Alterations	<input type="checkbox"/>	24	Antenna/Towers
<input type="checkbox"/>	05	Addition	<input type="checkbox"/>	15	Apartments
<input type="checkbox"/>	25	Bulk Head/Pier/Boatlift	<input type="checkbox"/>	14	Church Alteration/Addition
<input type="checkbox"/>	31	Condominium	<input type="checkbox"/>	13	Church Foundation
<input type="checkbox"/>	05	Deck	<input type="checkbox"/>	12	Church New Building
<input type="checkbox"/>	21	Fence with Pool	<input type="checkbox"/>	28	City Building
<input type="checkbox"/>	19	Fence without Pool	<input type="checkbox"/>	08	Commercial Alteration/Addition
<input type="checkbox"/>	05	Fire Damage Repair (Post Fire Inspection Req)	<input type="checkbox"/>	07	Commercial Foundation
<input type="checkbox"/>	18	Garage/Carport	<input type="checkbox"/>	06	Commercial New Building
<input type="checkbox"/>	05	Garage/Conversion	<input type="checkbox"/>	39	Construction Trailer
<input type="checkbox"/>	20	Gazebo/Greenhouse	<input type="checkbox"/>		Day Care/Assisted Living
<input type="checkbox"/>	30	Mobile Home	<input type="checkbox"/>	11	Industrial Alteration/Addition
<input type="checkbox"/>	29	Moved Residence	<input type="checkbox"/>	10	Industrial Foundation
<input type="checkbox"/>	21	Pool/Hot Tub	<input type="checkbox"/>	09	Industrial New Building
<input type="checkbox"/>	16	Private School	<input type="checkbox"/>	23	Sign
<input type="checkbox"/>	05	Roofing	<input type="checkbox"/>	33	Special Event/Outdoor Sales
<input type="checkbox"/>	32	Shed (150' Sq Ft)	<input type="checkbox"/>		Other _____
<input type="checkbox"/>	20	Shed (Over 150' Sq Ft)	<input type="checkbox"/>		
<input type="checkbox"/>	01	Single Family Residence	Cost of Construction: \$ _____		
<input type="checkbox"/>	05	Sunroom/Patio Enclosures			
<input type="checkbox"/>	02	Town House	Square Footage: _____		
<input type="checkbox"/>	05	Residential Foundations			
<input type="checkbox"/>		Other _____			

Model Home Yes No Model #/Name: (Model Plans on File) _____

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