



DEPARTMENT OF DEVELOPMENT & PERMITS
 306 Cedar Road, City Hall 2nd Floor, Chesapeake, VA 23322
 Phone: 757-382-6018 Fax: 757-382-8448
 Email: develop-permits@cityofchesapeake.net

Project Name:											
Project Address:											
Applicant:		Owner			Contractor			Agent		Tenant	
Signature					Please Print:						
Specify Type of Work to be Done		New			Alteration			Addition		Demolition	
X	RESIDENTIAL				X	COMMERCIAL/INDUSTRIAL					
	04	Residential Alterations				24	Antenna/Towers				
	05	Addition				15	Apartments				
	25	Bulk Head/Pier/Boatlift				14	Church Alteration/Addition				
	31	Condominium				13	Church Foundation				
	05	Deck				12	Church New Building				
	21	Fence for a Pool				28	City Building				
	19	Fence without Pool				08	Commercial Alteration/Addition				
	04	Fire Damage Repair (Post-Fire Inspection Required)				07	Commercial Foundation				
	18	Garage/Carport				06	Commercial New Building				
	05	Garage Conversion				39	Construction Trailer				
	20	Gazebo/Greenhouse				11	Industrial Alteration/Addition				
	30	Manufactured Home				10	Industrial Foundation				
	29	Moved Residence				09	Industrial New Building				
	21	Pool/Hot Tub				23	Sign				
	16	Private School				33	Special Event/Outdoor Sales				
	04	Roofing				34	Other				
	32	Shed (up to 256 Sq Ft)				Cost of Construction: \$ _____					
	20	Shed (Over 256 Sq Ft)									
	01	Single Family Residence				Square Footage: _____					
	05	Sunroom/Patio Enclosures									
	02	Town House									
	05	Residential Foundation									
Other: _____											

Sales Model Yes No **Model Plan #: (Model Plans on File)** _____

Subdivision Name: _____

Health Dept Well Septic **City** Water Sewer

One Stop Payment Yes No

Owner or Contractor
 Name: _____
 Address: _____ State License# _____ Class: A B C
 City/State/Zip Code: _____ Chesapeake Business License # _____
 Telephone # _____ Fax # _____ Email: _____

Responsible Land Disturber (applies to new homes)
 Name: _____ Certificate # _____ Expiration _____
 Date: _____

Mechanic's Lien Agent (if applicable) Address: _____
 Name: _____
 Phone# _____ No designated MLA