



# Residential Building Application

King William County  
180 Horse Landing Road #4  
King William, Virginia 23086

Phone (804) 769-4969 Fax Number (804) 769-2235

Email: [building@kingwilliamcounty.us](mailto:building@kingwilliamcounty.us)

Owner \_\_\_\_\_ Contractor \_\_\_\_\_

License No. \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Tax Map # \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Directions To Site \_\_\_\_\_

Designated Lien Agent \_\_\_\_\_

Building Permit Proposed New Use \_\_\_\_\_

Water: Private or Public Sewer: Private or Public

Health Permit # \_\_\_\_\_ #Bedrooms Approved by Health Dept. \_\_\_\_\_

1<sup>st</sup> Floor \_\_\_\_\_ sq.ft. 2<sup>nd</sup> Floor \_\_\_\_\_ sq.ft. Unfinished \_\_\_\_\_ sq.ft.

Basement \_\_\_\_\_ sq.ft. Detached Garage \_\_\_\_\_ sq.ft. Attached Garage \_\_\_\_\_ sq.ft.

Porch \_\_\_\_\_ sq. ft. Deck \_\_\_\_\_ sq.ft. # Stories \_\_\_\_\_ # Units \_\_\_\_\_

Building Height \_\_\_\_\_ ft. # Bedrooms \_\_\_\_\_ # Bathrooms \_\_\_\_\_ # Rooms \_\_\_\_\_

PF Gas Fireplace Y/N PF Wood Fireplace Y/N

Truss System Y/N Exterior \_\_\_\_\_ Interior \_\_\_\_\_

Other Work \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_

ISSUANCE OF THIS PERMIT SHALL NOT BE HELD TO PERMIT OR TO BE AN APPROVAL OF A VIOLATION OF ANY PROVISION OF COUNTY ORDINANCES OR STATE LAWS. I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION AND USE.

Applicant/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

# AFFIDAVIT

The undersigned, after being duly sworn, affirms that he/she is the owner of a certain tract of land described, which is not controlled or leased by another party, that he/she has applied for a permit, that he/she is familiar with the licensure requirements which are a prerequisite to issuance of a permit, that he/she is not and will not conduct activities of a contractor, subcontractor, or owner/developer, and that he/she is not subject to licensure as a contractor, subcontractor or owner/developer. I also, understand that if I hire an unlicensed contractor to do my work, I will not be protected under the contractor recovery fund.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Commonwealth of Virginia  
State-at-Large, to-wit:**

Sworn and subscribed to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**My Commission Expires:**

**Notary Commission #** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

# OCCUPANCY AGREEMENT

I hereby agree that, if this dwelling is occupied prior to a Certificate of Occupancy the electrical service to this dwelling shall be disconnected.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Commonwealth of Virginia  
State-at-Large, to-wit:**

Sworn and subscribed to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**My Commission Expires:**

**Notary Commission #** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**Office Use Only:**

Use Group \_\_\_\_\_ Use Code \_\_\_\_\_ Fed Use Code \_\_\_\_\_ Construction Type \_\_\_\_\_ Zoning \_\_\_\_\_ Area \_\_\_\_\_

Building Fee \$ \_\_\_\_\_ + State Levy \$ \_\_\_\_\_ + Plans Review Fee \_\_\_\_\_ = Total \_\_\_\_\_