



City of Suffolk

VIRGINIA

Department of Planning & Community Development
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RESIDENTIAL BUILDING & ZONING APPLICATION

Project Name:	Map#:	Acct#:
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Site Address (Include unit/lot#): _____ HLC: YES or NO

Subdivision Name: _____ Infill Lot: YES or NO

Permit Permit & Plan Review Plan Review Only Amending Existing Permit# BLR _____ - _____

Is this for a Sales Model? YES or NO (If yes attach TUP Application) Are approved Plans on file? 2015 or 2018 YES or NO
 (If yes Permit # _____)

Model Name: _____ Elevation: _____ Option(s) _____

Water/Sewage: CITY WATER or WELL WATER / CITY SEWER or SEPTIC Well Water: Health Dept. Approval Required
 City Water: Tap Receipts Required

CONTRACTOR OR AGENT	SUBMITTED BY: <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> CONTRACTOR		CITY of SUFFOLK License # _____		
	DPOR Contractors License# _____ (must be 10 digits)		Class <input type="checkbox"/> A / <input type="checkbox"/> B / <input type="checkbox"/> C		
	Property Owner Name: _____		Address: _____		
	Applicant Name: _____		Company Name: _____		
	Address: _____		City: _____	State: _____	Zip Code: _____
	Phone Number: _____		Email Address: _____		

Survey to Scale Attached YES or NO Right of Way/Land Disturbance Attached YES or NO N/A

TYPE OF WORK BEING PERFORMED	<input type="checkbox"/> NEW <input type="checkbox"/> Addition/Alt/Repair <input type="checkbox"/> Conventional <input type="checkbox"/> Duplex <input type="checkbox"/> Modular <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Manufactured Home		# of Bedrooms _____	<input type="checkbox"/> Living Space Addition	
			# of Bathrooms _____		
			# of Stories _____	<input type="checkbox"/> Interior Alterations	
			Exterior Finish _____		
	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Garage Conversion	<input type="checkbox"/> Garage Addition	<input type="checkbox"/> Screened Porch	<input type="checkbox"/> Convert Porch To Living Space
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Fire Damage	<input type="checkbox"/> Roof Repair Over 100 sq ft	<input type="checkbox"/> CO for Resident Home Care	<input type="checkbox"/> Other
	<input type="checkbox"/> Deck <input type="checkbox"/> Open <input type="checkbox"/> Covered	<input type="checkbox"/> Shed Gazebo, Pergola 257sqft & Over	<input type="checkbox"/> POOL <input type="checkbox"/> Above <input type="checkbox"/> Inground	<input type="checkbox"/> Fence as Pool Barrier	<input type="checkbox"/> Termite/Water Foundation Repair

DESCRIPTION OF WORK (Must be Completed): _____

New Square Footage:	Alteration Square Footage:	Estimated Value:
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Mechanics Lien Agent:		Phone Number:	
Address:	City:	State:	Zip Code:

