

City of Colonial Heights
Department of Building Inspections
201 James Avenue
Colonial Heights, VA 23834



Phone: (804) 520-9297
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ELECTRICAL PERMIT APPLICATION

ASSOCIATED BUILDING PERMIT #		APPLICATION DATE		PERMIT NO.		
JOB LOCATION				APT./SUITE #		
TAX MAP PARCEL #		SECTION	BLOCK	LOT	WORK DONE BY (CHK) — CONTRACTOR — OWNER	
CONTRACTOR'S NAME		PHONE #		CONTRACTOR'S LIC #		
PROPERTY OWNER NAME			APT./SUITE #		PROPERTY OWNER PHONE #	
PROPERTY OWNER ADDRESS/CITY/STATE/ZIP			ESTIMATED COST		WIRING METHOD ROMEX FLEX METAL RIGID METAL PCV EMT OTHER SIZE CONDUCTORS 40 AWG 1000 KC MIL 250 KC MIL 2000 KC MIL 500 KC MIL OTHER	
CONTACT EMAIL			PERMIT FEE			
TENANT NAME			STATE LEVY			
TENANT USE			TOTAL FEE			
WORK DESCRIPTION						
RELEASE DATE	SG FOOTAGE	VA POWER #		OWNERS BUILDING OR CONSTRUCTING THEIR OWN HOME MUST COMPLETE THE FOLLOWING HOMEOWNER AFFIDAVIT.		
PRESENT AMP SVC	# OF FIXTURES	CONDUCTOR SIZE		I, _____, of _____, affirm that I am the owner of the tract or parcel of land indicated above and that I have applied for this plumbing permit. I affirm that I am familiar with the prerequisites of Section 54.1111 of the Code of Virginia and I am not subject to licensing as a contractor or subcontractor.		
ADD'L AMP LOAD	# OF RECEPTACLES	# OF CONDUCTORS				
WIRING METHOD	SWITCHES	SIZE RACEWAY		Affiant's Signature _____ Signed and acknowledged by _____ in the city or county of _____ Virginia, on the _____ of _____ 20_____ in the presence of the undersigned witness.		
BRANCH CIRCUITS	# OF DISC MEANS	CAP DISC MEANS		Witness _____		
BASEBOARD HEAT KILOWATTS	HEAT PUMPS KILOWATTS	RANGES KILOWATTS	DRYERS KILOWATTS	THIS SPACE FOR OFFICE USE ONLY		
AIR CONDITIONING KILOWATTS	WATER HEATERS KILOWATTS	HOT TUBS KILOWATTS	SIGN #			
I hereby acknowledge that I have read this application and know that same to be true and agree to comply with all the city ordinances and state laws regulating building construction and use.						
Signature of Master Agent		Date				
Please Print Name _____						