

Building Permit # _____

King & Queen County, Virginia COMMERCIAL PERMIT APPLICATION

P.O. Box 177
King & Queen C.H., VA 23085
(804) 785-5975 or (804) 769-5000
Fax (804) 785-5999 or (804) 769-5070
www.kingandqueenco.net

Applicant Name: _____
Mailing Address: _____
Phone Number: (Home) _____ (Business) _____ (Cell) _____
E-mail: _____

Owner's Name: _____
Mailing Address: _____
Phone Number: (Home) _____ (Business) _____
E-mail: _____
Physical Address: _____
Directions to the Property (give detail using 911 addressing and street names) _____

Purposed Use: _____
(A). Commercial (B). Industrial

Electrical: (_____ amps) \$ _____ Plumbing: \$ _____ Mechanical: \$ _____
Alterations: \$ _____ Gas/LP & or Generator: \$ _____ Demolition: \$ _____
Fire Suppression \$ _____ Fire Alarm \$ _____

Description of new construction _____

Building Contractor Information:
License No. _____
Expiration Date _____
Company Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone No. _____

Electrical Contractor Information:
License No. _____
Expiration Date _____
Company Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone No. _____

Plumbing Contractor Information:
License No. _____
Expiration Date _____
Company Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone No. _____

Mechanical Contractor Information:
License No. _____
Expiration Date _____
Company Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone No. _____

Gas /LP Contractor Information:
License No. _____
Expiration Date _____
Company Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone No. _____

Fire Alarm Contractor Information:
License No. _____
Expiration Date _____
Company Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone No. _____

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Fire Suppression Contractor Information:

License No. _____

Expiration Date _____

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone No. _____