



# Accessory Permit Application

101-E Mounts Bay Rd., P. O. Box 8784, Williamsburg, VA 23187-8784  
 Phone: 757-253-6626 Fax: 757-259-4038 e-mail: [codecomp@james-city.va.us](mailto:codecomp@james-city.va.us)

<b>INSTRUCTIONS TO PERMIT HOLDER</b>	<ol style="list-style-type: none"> <li>1. <u>Plans and specifications.</u> A copy of the plans and specifications which bear the approval stamp of the Building official shall be retained on the building site until a certificate of use and occupancy is issued by the Building Official.</li> <li>2. <u>Inspections required.</u> A list of required inspections is available for the work authorized by this permit. It is the <u>responsibility of the permit holder</u> to notify the Building Official when the stages of construction are reached that require an inspection listed on the minimum required inspections sheet. To request an inspection, telephone 253-6625 at any hour.</li> <li>3. <u>Accessory permits.</u> Separate permits are required for electrical, mechanical (heating, ventilating, air conditioning), gas, and plumbing work.</li> <li>4. <u>Revocation of permit.</u> This permit may be revoked by the Building Official in case of any false statement or misrepresentation of fact in the application or on the plans upon which this permit is based.</li> <li>5. <u>When permit invalid.</u> This permit becomes invalid if the authorized work is not commenced within six (6) months after the date of permit, noted below, or the authorized work is suspended or abandoned for a period of six (6) months after the date of commencing the work.</li> <li>6. <u>Certificate of use and occupancy.</u> The work authorized by this permit shall not be used or occupied in whole or in part until a certificate of use and occupancy is issued by the Building Official.</li> </ol>									
<b>WORK LOCATION</b>	Number and Street			Lot No.	Permit #					
	Subdivision Name				Tax Map # ( - ) ( - - - )					
<b>APPLICANT</b>	Contractor's Name			Owner's Name/Customer's Name						
	Number and Street			Number and Street						
	City, State, Zip Code			City, State, Zip Code						
	Telephone No.			Telephone No.						
	State Cont. Lic. No.      JCC Business License No.			Lessee's Name						
✓	<b>ELECTRICAL</b>			✓	<b>MECHANICAL</b>		✓	<b>PLUMBING</b>		
	Temporary Service	AMPS	Pole Ungrd.	New Equipment	\$		Fixtures	No.		
				Replacement Equip.	\$					
	Mobile Home Reconnection			HVAC	\$		Water Heater	No.		
	Restoration of Service			Wood Stove Installation	\$		Drains, Roof and Storm (On-Site)	No.		
	Relocation of Service			Refrigeration	\$		Appliances	No.		
	New Service to Panel Only			Gas, Liquid, Solid Fuel Piping, Equip.	\$		Backflow Prevention Devices	No.		
	New Service	AMPS	Phase	LPG Tank, Piping	\$		Cross-Connection Protective Device			
	Increase Service	from	to	Tank, Piping (Flam, Liquid)	\$		Water Service and Distribution Pipes			
	Additional Outlets	No.		Tank Removal (Flam, Liquid)	\$		Building Sewer and Drainage System			
	Appliance Installation	No.		Fire Suppression System	\$		Sewage Disposal Individual System			
	Sign, Exterior			Elevator Conveyor	\$		Water - Individual Well			
	Other			Other	\$		Other			
Value of Work \$				Value of Work \$			Value of Work \$			
<b>Description of work:</b>							<b>Office Use Only</b>			
Signature: _____ Date: _____							Improvement Code: _____			
Print Name: _____							Approval: _____			
Applicant E-mail Address: _____							Fee: _____			