



COUNTY OF HALIFAX TRADE PERMIT APPLICATION

1050 Mary Bethune Street
P. O. Box 699, Halifax, VA 24558
Phone: (434) 476-3300 Fax: (434) 476-3384
Completed applications may be E-mailed to:
Alisa Coleman: avc@co.halifax.va.us or
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APPROVED
(OFFICE USE ONLY)

Application: _____

Permit No: _____

Permit Cost: \$ _____

PERMIT TYPE (check)			ELECTRICAL PERMIT (check)		
☐ ELECTRICAL	☐ MECHANICAL (HVAC)	☐ PLUMBING	☐ Additional Wiring	☐ Temporary Pole	
☐ FUEL GAS	☐ FIRE PROTECTION		☐ Repair Service	☐ New Service	
			☐ Service Change	☐ Replace/Repair Equip.	
CATEGORY OF CONSTRUCTION (check)			☐ Re-Connect	Amps: _____	
☐ RESIDENTIAL ☐ COMMERCIAL			☐ Generator/Size (requires fuel gas permit)		
PROPERTY OWNER			Estimated Cost: \$		
Name: _____			ELECTRIC COMPANY		
Mailing Address: _____			☐ Dominion Power ☐ Mecklenburg Electric		
City/State/Zip: _____			☐ Danville Power		
Phone#: _____			MECHANICAL PERMIT (check)		
JOB SITE INFORMATION				New	Replace/Repair
Job Address: _____			HVAC Equipment	☐	☐
City/State/Zip: _____			Estimated Cost: \$		
Apt# or Suite#: _____			PLUMBING PERMIT (check)		
Type of Zoning: _____				New	Replace/Repair
Tax Map (PRN)#: _____			Water Line	☐	☐
Election District: _____			Sewer Line	☐	☐
SCOPE OF WORK (describe briefly)			Estimated Cost: \$		
			FUEL GAS PERMIT (check)		
				New	Replace/Repair
			Generator	☐	☐
			Stove	☐	☐
CONTRACTOR			Gas Logs	☐	☐
Business Name: _____			Hot Water Heater	☐	☐
Applicant Name: _____			Estimated Cost: \$		
Address: _____			FIRE PROTECTION PERMIT (check)		
City/State/Zip: _____				New	Replace/Repair
Phone#: _____			Fire Alarm	☐	☐
E-mail: _____			Fire Sprinkler	☐	☐
VA License #: _____			Hood Suppression	☐	☐
BPOL # _____			Estimated Cost: \$		

CERTIFICATION

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules, and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the Code Official or his authorized representative(s) shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

Applicant (Print) _____ Signature: _____ Date: _____

OWNERS AFFIDAVIT (COMPLETE IF APPLICANT IS NOT LICENSED CONTRACTOR)

I affirm that I am the owner of the property described in this application and that I am familiar with the prerequisites of Section 54.1-111 of the Code of Virginia, as amended, and I am not subject to licensure as a contractor or subcontractor. I am also aware that it is a **VIOLATION** of State Law to hire or award a contract to an unlicensed contractor.

Signed: (MUST BE NOTARIZED IF OWNER DOES NOT PRESENT IN PERSON) _____

Subscribed and sworn before me in the _____ of _____, this _____ day of _____ 20____

My commission expires _____ Notary Public _____