

Town of Dumfries
Application for Permits Instruction

The Town of Dumfries application for permits is a 4-page form that handles all permitting needs.

Page 1

Line 1: Fill in the property owners name and phone.

Line 2: Fill in the property owner's full mailing address

Line 3: Fill in the applicant's full legal name and daytime phone number.

Applicant is that who is requesting the permit (homeowner, contractor).

Line 4: Applicants legal mailing address

Line 5: Fill in the address in witch the work is to be done

Line 6: Subdivision, lot # and map id if you have it.

Line 7: Fill in the type of work to be done (deck, addition, service change etc)

Line 8: Fill in the estimated gross cost of the project to be done. Fill in the zoning district if you know it.

In the next box you are going to check the type of permit you are requesting.
Next box check and submittals you are providing such as drawings, site plan.

The next box only fills out if you are requesting an occupancy permit for a commercial space or a home business

Reminder Home Occupancy permits must come with the notarized agreement between the business owner and the town.

Page 2

Under building: Fill out if applying for a building permit

Line 1: Fill in the Height in feet, the number of stories, and the gross floor area in square feet.

Line 2: Ignore for all building must conform to the IBC, or the IRC codes dated 2000

Line 3: Ignore

Line 4: Check what applies.

Line 5: Fill in if you have sprinklers and or Fire alarm system.

Under Sign: Fill out if applying for a sign permit
Self-explanatory

Under Zoning: Fill out if you're requesting any of the items mentioned.

Under Commission /Board review:
Leave alone for office use only.

Page 3

Under Site: If submitting site plans all information must be fill in.

Under Contractors information:

Fill in all contractors' information that will be working under this permit.

Include all copies of their state license and insurance.

Page 4

Under Applicants Statements

Check the box that best fits what you are applying for and if Mechanics lien is required

Check box number 4 and fill all information it as stated.

Last thing read the last statement and sign and date the application.

Permits should be ready in 48hour after submission.

BUILDING:

Height: _____ ft. # of Stories: _____ Gross Floor Area: _____ sqft

Construction Conforms to: ICC Code Edition _____

ICC Construction Class: _____ ICC Building Use Group: _____

Plan Review by Fire Marshal Required? Yes No

Auto Sprinklers: Wet Chemical Fire Alarm: Auto Manual Smoke

SIGN: {Sketch must be provided showing dimensions, height, face copy, colors, etc...}

Existing/Current Signage: Sign Area: _____ sqft. Building Frontage: _____ ft.

New/Proposed Signage: Wall Qty _____ Size _____ sqft. Electrical

Free-Standing Qty _____ Size _____ sqft. Electrical

Temporary Qty _____ Size _____ sqft. Expiration: _____

Other _____ Qty _____ Size _____ sqft. Expiration:

Does Property Front on 2 Streets? Yes No ARB Approval Required? Yes No

ZONING:

Certificate of Non-Conforming Use Conditional Use Permit (# of years) _____

Text Amendment Rezoning Appeal to Board of Zoning Appeals Certification Letter

COMMISSION/BOARD REVIEW:

Planning Commission Approval Required Yes No N/A

Board of Zoning Appeals Variance Required Yes No N/A

Architectural Review Board Approval Required Yes No N/A

STAFF NOTES: _____

SITE:

Lot Area: _____ sqft. Disturbed Area: _____ sqft. Street Frontage: _____ ft.

Property in Floor Plain? Yes No If Yes, state lowest elevation: _____


Property in Resource Protection Area (RPA)? Yes No

Any Non-Conformities? If Yes, mark those that apply. Use Structure Lot

Bond Estimates: (Based on Prince William County Unit Prices)

Date Posted

 Performance (Public Improvements) \$ _____ _____

 Erosion & Sediment Control \$ _____ _____

Total Bond Estimate \$ _____ _____

CONTRACTOR(S) TO PERFORM WORK:

Name: _____ Telephone: _____

Mailing Address: _____

VA License#: _____ Expiration: _____ Class: _____ Est. Value of Work: _____

Name: _____ Telephone: _____

Mailing Address: _____

VA License#: _____ Expiration: _____ Class: _____ Est. Value of Work: _____

Name: _____ Telephone: _____

Mailing Address: _____

VA License#: _____ Expiration: _____ Class: _____ Est. Value of Work: _____

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