



# CULPEPER COUNTY, VIRGINIA AMENDMENT: \_\_\_\_\_

Building Department • 302 N. Main St., Culpeper VA 22701 • 540-727-3405 [www.culpepercounty.gov/building](http://www.culpepercounty.gov/building)  
For General Questions: [buildinggeneral@culpepercounty.gov](mailto:buildinggeneral@culpepercounty.gov)

**\*When submitting your Amendment Application, you will need to submit 3 sets of revised plans. A fee of \$78.00 will be due at submission of the Amendment Application and is non-refundable. \***

**JOB (SITE) LOCATION IF DIFFERENT THAN OWNER ADDRESS**

STREET ADDRESS \_\_\_\_\_ Permit # \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_ Tax Map # \_\_\_\_\_

### OWNER INFORMATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ EMAIL: \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTRACTOR INFORMATION**     OWNER/ LESSEE    if owner is the contractor    Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

VA STATE CONTRACTOR'S LICENSE # \_\_\_\_\_ CLASS \_\_\_\_\_ EXPIRATION \_\_\_\_\_

VA STATE MASTERS LICENSE # \_\_\_\_\_ EXPIRATION \_\_\_\_\_

Online verification by Permit Tech \_\_\_\_\_ initial

CONTACT PERSON: Person to answer Plan Review Questions & Pickup Permit

NAME \_\_\_\_\_ DAY PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

**DESCRIPTION OF AMENDMENT**     RESIDENTIAL     COMMERCIAL    CONTRACT AMOUNT: \_\_\_\_\_

**TYPE OF PERMIT AMENDING**     BUILDING     ELECTRICAL     MECHANICAL     PLUMBING     OTHER \_\_\_\_\_

DESCRIBE IN DETAIL THE CHANGE PROPOSED FOR THE AMENDMANE WRITE LEGIBLY) \_\_\_\_\_

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and that all construction will comply with the Virginia Uniform Statewide Building Code and applicable ordinances. The permit holder is the responsible party for compliance with the VUSBC and other ordinances. The permit holder is responsible to call for an inspection when construction reaches a stage of completion that requires an inspection per Section 113.1.2 of the USBC. The permit holder is responsible to provide any ladder, scaffolding or test equipment necessary to conduct or witness a requested inspection per Section 113.1.1 of the USBC.

**Print Name:** \_\_\_\_\_     Owner     Contractor     Authorized Agent

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

Application reviewed and accepted by \_\_\_\_\_ Permit Tech.

**This amendment application is designed to cover various construction projects.**

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**FEE SCHEDULE TO BE COMPLETED BY ADMINISTRATIVE STAFF**

<b>Permit Fee Schedule</b>	<b>Fee Schedule</b>	<b>Actual Sq. Ft. Provided by Plan Review</b>	<b>Actual Permit Fee</b>	<b>Comments</b>
<b>PLAN REVIEW FEE</b>				
Residential	<b>\$75.00</b>			
Commercial Building- Based on table 2	<b>\$.02 SF GBA/ \$125.00 min</b>			
Commercial Trades - Based on table 2	<b>\$.03 SF GBA/ \$125.00 min</b>			
<b>Additional SF</b>				
Commercial - New Construction	<b>GBA SF per table 1</b>			
Commercial - Alterations/ Repair/ Tenant Layout	<b>\$.15 SF / \$125.00 min</b>			
Residential	<b>.15 sq. ft.</b>			
AMENDMENT FEE	<b>\$78.00</b>	Paid @ submission		<b>*Non Refundable*</b>
<b>SUB TOTAL FEES</b>				
<b>Local Technology Fee</b>	<b>2%</b>			
<b>State Levy per USBC</b>	<b>2%</b>			
<b>TOTAL PERMIT FEE</b>			\$	