

**TOWN OF SAXIS**  
**BUILDING PERMIT FOR RESIDENTIAL DWELLING**



**This permit is required in all the following circumstances: New Construction, Additions or Expansions, Renovations or Remodeling, Structural Changes, Exterior Projects, Demolition, Change of Use, Signage.**

**There may be additional county permits required depending on factors such as proximity to Resource Protection Areas, Impact on Water and Sewer Systems, or Zoning.**

**Project Location**

Street address: \_\_\_\_\_

Tax Map, Parcel ID or GPIN: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Current Sq. Ft, # of  
Bedrooms, # of Bathrooms \_\_\_\_\_

**Note:** Please provide a separate site plan to show the current property dimensions, current building location and measurements, auxiliary building location and measurements, and setback measurements for all structures and any changes requested in this project.

**Project Description**

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**Property Owner Information**

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email : \_\_\_\_\_

**Contractor Information**

Firm Name: \_\_\_\_\_ Office #: \_\_\_\_\_

Address: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_ Cell #: \_\_\_\_\_

Business License #: \_\_\_\_\_ Email: \_\_\_\_\_

Est. Start Date: \_\_\_\_\_ Est. Finish Date: \_\_\_\_\_

**Applicant Signature**

Applicant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

1. All additional required permits must be obtained through the Accomack County Building & Zoning Department before work can begin.
2. A fee of \$50.00 must be paid to the Town of Saxis for any building permits.
3. I/we agree to comply with all applicable town zoning ordinances of the Town of Saxis.
4. I/we agree to restore any and all damage to curbs, streets, utility facilities which may result from the above construction.
5. I hereby acknowledge that I have read this application & supporting documents & they are complete & correct to my knowledge.

**Permit Approval by Town of Saxis**

I, \_\_\_\_\_, certify that the application and its submittals have been reviewed against current regulations and I approve the application for Accomack County to begin its building permit and inspection process.

Name: \_\_\_\_\_ Postion Title: \_\_\_\_\_

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

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**Permit Denial**

I, \_\_\_\_\_, certify that the application and its submittals have been reviewed against current regulations and I deny the application for the reasons detailed below.

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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