

BUILDING PERMIT APPLICATION

FAIRFAX COUNTY GOVERNMENT
 PERMIT APPLICATION CENTER
 12055 Government Center Parkway, 2nd Floor
 Fairfax, Virginia 22035-5504
 Telephone: 703-222-0801
 Web site: <http://www.fairfaxcounty.gov/dpwes>

PERMIT # 72490151

FOR INSPECTIONS CALL 703-222-0455 (see back for more information)

OR VISIT US ON THE WEB AT

http://www.fairfaxcounty.gov/isisnet/inspection_sched.asp

FILL IN ALL APPROPRIATE INFORMATION IN THIS COLUMN
 (PLEASE PRINT OR TYPE)

JOB LOCATION

ADDRESS 7135 MAIN ST.
 LOT # _____ BUILDING _____
 FLOOR _____ SUITE _____
 SUBDIVISION _____
 TENANT'S NAME ACACIA LODGE NO. 16
 EMAIL William.BAUMBACH.com
 CONTACT ID _____

OWNER INFORMATION

OWNER TENANT

NAME ACACIA LODGE NO. 16
 ADDRESS 7135 MAIN ST.
 CITY CLIFTON STATE VA ZIP 20124
 TELEPHONE 703-830-9036
 EMAIL _____
 CONTACT ID _____

CONTRACTOR INFORMATION

SAME AS OWNER

CONTRACTORS MUST PROVIDE THE FOLLOWING:
 COMPANY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE _____
 EMAIL _____
 STATE CONTRACTORS LICENSE # _____
 COUNTY BPOL # _____
 CONTACT ID _____

APPLICANT

NAME William J BAUMBACH II
 ADDRESS 2380 MOUNTAIN RD.
 CITY HAYMARKET STATE VA ZIP 20169
 TELEPHONE 703-327-1939
 EMAIL William.BAUMBACH.com
 CONTACT ID _____

DESCRIPTION OF WORK

Raise Building 3 Feet

HOUSE TYPE

ESTIMATED COST OF CONSTRUCTION 50,000
 USE GROUP OF BUILDING _____
 TYPE OF CONSTRUCTION _____

DESIGNATED MECHANICS' LIEN AGENT

(Residential Construction Only)
 NAME _____
 ADDRESS _____

NONE DESIGNATED PHONE _____

DO NOT WRITE IN GRAY SPACES - COUNTY USE ONLY
 PLAN # 2-07-7187
 TAX MAP # 075-4-02-0009

ROUTING	DATE	APPROVED BY
LICENSING		
ZONING		
SITE PERMITS		
HEALTH DEPT.	<u>9-6-07</u>	<u>JCP</u>
BUILDING REVIEW		
SANITATION		
FIRE MARSHAL		
ASBESTOS		
PROFFERS		

FEE \$ _____
 FILING FEE \$ _____
 AMOUNT DUE = \$ 89.28

BUILDING PLAN REVIEW

REVIEWER _____ # OF HOURS _____
 REVISION FEES \$ _____
 FIRE MARSHAL FEES \$ _____
 FIXTURE UNITS _____ PLAN LOC: J R

APPROVED FOR ISSUANCE OF BUILDING PERMIT

(LOG OUT)
 BY _____ DATE _____

ZONING REVIEW

USE _____
 ZONING DISTRICT _____ HISTORICAL DISTRICT _____
 ZONING CASE # _____
 GROSS FLOOR AREA OF TENANT SPACE _____

YARDS: FRONT _____ L SIDE _____ R SIDE _____ REAR _____
 GARAGE 1 2 3
 OPTIONS YES NO
 REMARKS _____

REMARKS

Any and all information and/or stamps on the reverse side of this form are a part of this application and must be complied with. I hereby certify that I have authority of the owner to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and regulations which relate to the property.

NOTARIZATION (if required)

State (or territory or district) of _____
 County (or city) of _____, to wit: I, _____
 Notary Public in the State and County aforesaid, do certify that

whose name is signed to this application, appeared before me in the State and County aforesaid and executed this affidavit
 Given under my hand this _____ day of _____, 20____
 My commission expires the _____ day of _____, 20____

(Notary Signature)