

APPLICATION for BUILDING PERMIT

GOVERNMENT OF THE VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF PERMITS

Please Print Clearly
Submit Sheets 1 and 2

Parcel Identification Number (PIN) _____

Owner of building: _____

Class of Work

Present mailing address: _____

() New () Alteration

Owner of plot: _____

() Addition () Repair

Location of Work

City _____

Country _____

Use of the Building

House No. _____ Plot No. _____

(Private or rental dwelling, warehouse,
store, restaurant, bar, office, etc.):

Street _____ Estate _____

Quarter _____ Quarter _____

General statement of the proposed work: _____

Description of the proposed work and information related thereto:

- | | |
|--|---|
| 1. Occupancy - No. of families: _____ No. of persons: _____ | 9. No. of bedrooms: _____ |
| 2. Floor area - First floor: _____ sq. ft.
(exterior dimen.) Total all floors: _____ sq. ft. | 10. No. of bathrooms: _____ |
| 3. No. of stories: _____ | 11. Total no. of other rooms: _____ |
| 4. Type of exterior walls: _____ | 12. No. of plumbing fixtures -
Kitchen sinks: _____ Toilets: _____
Lavatories: _____ Urinals: _____
Bathtubs: _____ Showers: _____
Other (specify): _____ |
| 5. Type of roof: _____ | 13. Total no. of rooms with
electrical service: _____ |
| 6. Roof area used for catchment: _____ sq. ft. | |
| 7. Cistern: () new () exists | |
| 8. Cistern interior dimensions: _____ ft. long x
_____ ft. wide x _____ ft. high (to overflow) x
7.5= _____ gallons. | |

Will proposed work encroach on public rights-of-way or on the property of others? _____

Total estimated cost of the proposed work: \$ _____ Has work been started? _____

Contractor who will do this work: _____ License No.: _____

Signature of applicant: _____ Date signed: _____

Mailing address of applicant: _____ Phone No.: _____

FOR DEPARTMENTAL USE ONLY

Development Cost Per Sq. Ft.

Sq. Ft. Cost Estimated Cost of Construction
[] x [] = []

Information requested.

Remarks: _____

Permit approved

Permit disapproved

Fee Assessment

	BP Fee
	Review Fee
	Total
	Prepaid Amt
	Fee Balance

Commissioner, DPNR

Permit No.

Fee