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| seal.gif | **Temporary Office**  **Permit**  **Application** | | **County of Augusta**  **Attn: Building Inspection**  **P.O. Box 590**  **Verona, VA 24482**  **Phone: 540-245-5717**  **Fax: 540-245-5066**  **Email:bi@co.augusta.va.us** |
| **THIS IS AN APPLICATION ONLY. WORK MAY NOT BE STARTED UNTIL ALL FORMS ARE SUBMITTED, PAYMENT IS RECEIVED, AND PERMIT IS APPROVED.** | | | |
| Name of Property Owner: | | Property Owner’s Address: | |
| Occupant’s Name:  Address:  Phone:  Email: | | Set Up Contractor Name:  Contractor License #:  Address:  Phone: | |
| Site location: | | Tax Map: | |
| **Description of Temporary Office Unit:** | | | |
| Year: | | Make: | |
| Size: | | Is the unit owned or rented? | |
| Will Unit Have Plumbing? If so, private or public supply? | | Will Unit Be Heated? If so, what type? | |
| Please provide a detailed description of use for the temporary office, including the duration of the project: | | | |

**PLEASE NOTE – IF A CONTRACTOR IS LISTED, AN AUTHORIZED EMPLOYEE OF THAT COMPANY MUST SIGN THE APPLICATION OR A WRITTEN SIGNED CONTRACT BETWEEN THE OWNER AND THE CONTRACTOR MUST BE PROVIDED.**

**AFFIDAVIT: The undersigned property owner authorized tenant/lessee contractor (check one) certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in denial or revocation of permit. I hereby authorize the County of Augusta to review this request and visit the site if necessary as a result of the review.**

**Signature Date**

**Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**