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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**