

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06004659

Building Address 2600 Thompson Drive
Blacksburg, VA 22610
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision King's Hill
Section _____ Area 5.00 AC Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning RX Map Coordinates _____ Lot size 5.00 AC

Property Owner's Name Tahereh Chahar
Address 2600 Thompson Drive
City Blacksburg State VA Zip Code 22610
Home Phone 541-440-0040 Work Phone 541-983-8320
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 701-586-0705

Existing Use Industrial
Proposed Use _____
Estimated Construction Cost \$ 20,000,000
Description of Work Building a 300,000 sq ft
warehouse with 100,000 sq ft
of office space

Contractor Company CRTA Construction, LLC
Contact Person Michael Chahar
Address 2718 E. International Dr
City Blacksburg State VA Zip Code 22610
License No. ADHIC-88931
Phone 541-983-8320 Fax _____

Occupant or Tenant Parade
Contact Name Tahereh Chahar
Address 2600 Thompson Drive
City Blacksburg State VA Zip Code 22610
Phone 541-440-0040 Fax _____

Engineer or Architect Company Cable Architecture
Contact Person Michael Chahar
Address 4000 K St NW
City Washington DC State MD Zip Code 20015
Phone 202-833-8320 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public ☐ Private ☐
No. of stories: _____	Sewage Disposal: _____ Public ☐ Private ☐
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular ☐	Sprinkler system: <u>N/A</u> ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public ☒ Private ☐
1st floor: _____	Sewage Disposal: _____ Public ☐ Private ☒
2nd floor: _____	Electric Yes ☐ No ☒ Gas Yes ☐ No ☒
Basement: _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐
Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms <u>7</u> Height: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> ☐ NFPA #13D ☐ NFPA #13R ☐ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular ☐ Manufactured Home ☐	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Title/Company

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>4/8/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES ☐ NO ☐			YES ☐ NO ☐	Check # _____
CONTINGENCY CONSTRUCTION START: ☐			Historic District?	Validation # _____
ONE STOP SHOP: ☐			YES ☐ NO ☐	
Distribution of Copies:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:NormaPERMIT.FRM				Gold: SHA

