

# 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: \_\_\_\_\_  
Present mailing address: \_\_\_\_\_  
Owner of plot: \_\_\_\_\_

**Class of Work**

( ) New ( ) Alteration  
( ) 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:**

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

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.	x	Cost	=	Estimated Cost of Construction

Information requested.  
Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit approved  
 Permit disapproved

**Fee Assessment**

	BP Fee
	Review Fee
	Total
	Prepaid Amt
	Fee Balance

\_\_\_\_\_  
Commissioner, DPNR

\_\_\_\_\_  
Permit No.

\_\_\_\_\_  
Fee