



Loudoun County  
Department of Building & Development  
1 Harrison Street S.E., P.O. Box 7000, Leesburg, VA 20177-7000  
(703) 777-0220 [www.loudoun.gov/buildingpermits](http://www.loudoun.gov/buildingpermits)

## Building/Masterfile Application

I Am Applying For (Check one) ☐ New Masterfile ☐ Revised Masterfile

Contact Person's Name (Person To Be Called When Ready Or For Questions) Phone Number Email Address

### BUILDER INFORMATION

OFFICIAL USE ONLY

Print Name (Last Name First) Or Company Name

Phone Number

LMIS ID \_\_\_\_\_

Address

City

State

Zip Code

B: \_\_\_\_\_

### House Type/Code Year

Masterfile House Type (Name/Model)

Code Year

☐ SFD ☐ TH ☐ Duplex ☐ Condo/Apartment

Does the Geotech Report being submitted cover the entire subdivision?

☐ Yes ☐ No

If not, indicate the Land Bay, Section and/or Phase the Geotech Report covers.

| <u>Legal Subdivision and<br/>Advertised Names</u> | <u>Land Bay</u> | <u>Section</u> | <u>Phase</u> | <u>Plan Reviewer</u> | <u>Date Approved</u> |
|---|-----------------|----------------|--------------|----------------------|----------------------|
|   |                 |                |              |                      |                      |
|   |                 |                |              |                      |                      |
|   |                 |                |              |                      |                      |
|   |                 |                |              |                      |                      |
|   |                 |                |              |                      |                      |

☐ Crawl Space ☐ Slab On Grade ☐ Basement

Base Unit Use Group Construction Type SQ Footage

Living Area

Garage ☐ Attached ☐ Detached Car

Basement

Miscellaneous Unfinished

Deck

**\* Sprinklers are required for 4th floors of 400 Sq. Ft. or more \***

Sprinklers ☐ Yes ☐ No

**PLEASE CONTINUE TO PAGE 2 TO LIST OPTIONS**

**Office Use Only for Plan Reviewer**

**Trades Require Plan Review Yes/No. To Be Completed By The County Plan Reviewer**

Electrical ☐ Yes ☐ No

Fire ☐ Yes ☐ No

Mechanical ☐ Yes ☐ No

Plumbing/Gas ☐ Yes ☐ No

MasterFile House Type



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Building/Masterfile Application

Masterfile House Type (Name/Model) DO NOT WRITE IN THIS BOX

|         |             |               |            |             |           |
|---------|-------------|---------------|------------|-------------|-----------|
| Builder |             | Subdivision   |            |             |           |
| Options | Living S.F. | Basement S.F. | Misc. S.F. | Garage S.F. | Deck S.F. |
|         |             |               |            |             |           |
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Check Box If You Have More Options To List ☐ Yes ☐ No Please Provide An Additional Options List If Your Answer Was Yes.

Plan Reviewer

Date Checked

Plans Scanned Under Permit Number