



Cross Connection Certificate

(Per Device)

Permit Fee

\$51.00 - New & Renewal
\$102.00 - If Previous Certificate Expired

Work Location or Business Name: _____

Property Address: _____

City: Roanoke State: VA Zip: _____

Tax Map #: _____

Permit #: _____

Applicant Information

Name: _____

Relationship to Property Owner: ___ Owner ___ Contractor ___ Agent ___ Design Professional

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Owner (or Owner's Agent) Information

Name: _____

Phone: _____ Email: _____

Description of Device and Location

Type of Device: _____

Device Size: _____

Device Serial Number: _____

Device Location: _____

Inspection Date: _____

Pass ___ Fail ___

Inspector Information

Name: _____

License / Certification Number: _____ Expiration Date: _____

By initialing, I understand that all applications for permits, along with all additional required information, must be provided to the Permit Center prior to processing of this application. All information submitted will be reviewed prior to issuance of a permit. Should information be missing or additional information be required, the review process may be delayed. I also understand that I am required to conform to all applicable requirements of the **2018 Virginia Uniform Statewide Building Code**, the Zoning Ordinance for the City of Roanoke and all other applicable laws and ordinances.

Initial Here _____