GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF PERMITS
STX DISTRICT TEL: (340) 773-1082 STT/STJ DISTRICT TEL: (340) 774-3320

APPLICATION for VISITABILITY PERMIT

Applied for Under: The USVI Building Codes

Parcel Identification Number (PIN) _____

Owner of the building: _____

Owner's phone number:_____ Owner's email: _____

Owner's mailing address: _____

Lessee information: _____

Class of Work	
☐ New	☐ Alteration
☐ Addition	☐ Repair

Use of Building
☐ Residential ☐Commercial
Group Occupancy Classification: _____
☐ Other _____

Location of Work

Plot No. _____ Estate _____Quarter _____Zone _____

House No. _____Street _____ Flood Zone _____

General statement of the proposed work:

_____

_____

_____

_____

Description of the proposed work and information related thereto:

1. Occupancy: No. of Units: _____No. of stories: _____
2. Floor area: _____sq. ft. (exterior dimension) Total Structure _____sq. ft.
3. Type of exterior walls: _____ Building Height _____
4. Type of roof: _____
5. Roof area used for catchment: _____
6. Cistern ☐ New ☐ Existing
7. Cistern interior dimensions: _____ft. long x _____ft. wide x _____ft. (high to overflow) x 7.5 _____gallons.
8. No. of bedrooms: _____
9. No. of bathrooms: _____
10. Total no. of other rooms: _____
11. No. of plumbing fixtures: _____
12. Total no. of rooms with electrical service _____
13. Will the proposed work encroach on public rights-of-way or on the property of others: ☐ Yes ☐ No
14. Total estimated cost of the proposed work: $ _____
15. Has work been started? ☐ Yes ☐ No
16. The contractor who will perform the work. _____ License No. _____

Signature of owner: _____ Date Signed: _____