

**Approving Departments:**

Zoning

Building

Erosion

Ches Bay

**County of Spotsylvania**  
**RESIDENTIAL PERMIT APPLICATION**  
 Community Development Division  
 9019 Old Battlefield Blvd. 3<sup>rd</sup> Floor  
 Spotsylvania, VA 22553  
 Phone (540)507-7222 Fax (540) 507-7282

**App/Permit # Assigned:**  
 \_\_\_\_\_

**RDP WAIVER FORM**  
 YES\_\_\_\_ NO\_\_\_\_

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY**

**This box is to be completed by STAFF ONLY: Please do not mark**

Copy of VA State Contractor's License

Tradesman Statements for  Elec  Plumb  Gas  HVAC  Tank Affidavit

Proof of Ownership  LOA  LRA

Project Value  Other

**Project Description** \_\_\_\_\_

**Applicant**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**General Contractor**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Landowner**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Mechanic's Lien Agent**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Electrician**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Plumber**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**HVAC Contractor**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**LP Tank Contractor**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Job Site Information**

Tax Map \_\_\_\_\_ Dbl. Circle \_\_\_\_\_ Block \_\_\_\_\_ Lot/Parcel \_\_\_\_\_

Physical Address: \_\_\_\_\_ Subdivision \_\_\_\_\_

Is this a Gated Community?  Yes  No If yes, please note Gate Code for Inspections: \_\_\_\_\_

Project Description: \_\_\_\_\_

**New Manufactured Home**

Single Wide  Double Wide  Triple Wide

Length \_\_\_\_\_ Width \_\_\_\_\_

Serial # \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_

Project Value (Less Land Value) \_\_\_\_\_

Please Select All Gas (Types: LP Tank – Natural - N/A)

Ext Wall \_\_\_\_\_ Foundation \_\_\_\_\_ Roof Covering \_\_\_\_\_

# of Stories \_\_\_\_\_ # Full Baths \_\_\_\_\_ # Half Baths \_\_\_\_\_

# Bedrooms \_\_\_\_\_ Fuel Type \_\_\_\_\_ Air Cond. (Y/N) \_\_\_\_\_

Heat Type \_\_\_\_\_ # Fireplaces \_\_\_\_\_ # Flues \_\_\_\_\_

Gas Logs  Lines  Tank  Heater

Water Source \_\_\_\_\_ Sewer Source \_\_\_\_\_

Elec. Ser. Amps \_\_\_\_\_ Elec. Power Co. \_\_\_\_\_

Roof Type - Manuf Truss  Yes  No

Floor Type - Manuf Truss or Eng Product  Yes  No

Crawl  Slab  Basement

Basement:  Finished  Unfinished - Sq. Ft. \_\_\_\_\_

Garage:  Attached  Detached  None

**New Single-Family Home**

SFH  Modular  Townhouse/Duplex

Overall Length \_\_\_\_\_ Width \_\_\_\_\_

**Other Residential Projects**

Interior Reno  Addition  Accessory

Addition: Length \_\_\_\_\_ Width \_\_\_\_\_

Deck: Length \_\_\_\_\_ Width \_\_\_\_\_

Garage/Shed: Length \_\_\_\_\_ Width \_\_\_\_\_

Porch: Length \_\_\_\_\_ Width \_\_\_\_\_

Select One:  Screened  Open

Other \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_

**List each room in house by floor:**

1<sup>st</sup> Fl \_\_\_\_\_

2<sup>nd</sup> Fl \_\_\_\_\_

Basement \_\_\_\_\_

I hereby certify by my signature below that I am the owner of record of the named property or that I am authorized to act on behalf of all the owners of record of the named property to execute this application. I further certify that all information I have provided thereon is complete and accurate. I agree on behalf of myself and all owners to conform to the Zoning Ordinance, Virginia Uniform Statewide Building Code, Erosion Ordinance, Chesapeake Bay Preservation Ordinance, the Water and Sewer Construction Specifications of Spotsylvania County, and all other applicable laws and regulations of this jurisdiction. In addition, if a permit for the work described on this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the laws and regulations applicable to such permit.

NOTICE: The permits must be displayed on the premises. The permits are void if construction is not started within six (6) months of permit issuance. Any application inactive for six months is subject to being voided.

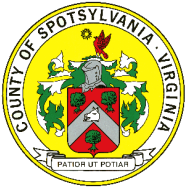
**Accepted Forms of Payment:** Please be advised that the only forms of payment currently accepted by the Code Compliance Department are Check, Money order, \*Debit, and \*Credit. \*If Debit/Credit is used there will be a 2.70% convenience fee added to the total amount due.

\_\_\_\_\_  
Applicant's Signature Required

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Landowner's Signature Required or LRA/Signed Contract

\_\_\_\_\_  
Landowner's Printed Name



# Designated Contacts

**Applications will not be accepted without this information.**

## Review Process

The following person is the primary point of contact for all questions that may arise during the plan review process.

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**DAYTIME PHONE #** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

This person is the (circle one): Landowner – Contractor – Design Professional

Other: \_\_\_\_\_

## Inspection Process

**The Building Safety Office will provide electronic inspection results for all building inspections instead of a paper copy left on site.** This does include the issuance of a Certificate of Occupancy, so please ensure the email address listed below is correct.

Applicants/contractors will be able to access inspection results online <http://etrakit.spotsylvania.va.us/eTrakit3/>  
As an added customer service measure, **ONE** email address per permit may be provided to receive the inspection results. If no email is provided, the inspection results will still be available online

**NAME:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# For Office Use Only

## Zoning Department

Zoning Use \_\_\_\_\_

Approved – Date of Approval \_\_\_\_\_  Disapproved – Date of Disapproval \_\_\_\_\_

Remarks

\_\_\_\_\_

\_\_\_\_\_

### FEES:

Zoning Cert. \_\_\_\_\_ Site Plan Review \_\_\_\_\_ Sub Total \_\_\_\_\_

\_\_\_\_\_

Authorized Signature

## Environmental Department

Bond Amount \_\_\_\_\_ Bonding Secured (Y/N) \_\_\_\_\_  CASH  INS.  CREDIT

\_\_\_\_\_

Approval Date

Authorized Signature

### FEES:

Environmental \_\_\_\_\_ SWM \_\_\_\_\_ Ches Bay \_\_\_\_\_

Disturbance Sqft \_\_\_\_\_ Total Acres Disturbed \_\_\_\_\_ Sub Total \_\_\_\_\_

## Building Department



# Tradesman Statement

*A new statement must be completed for each project.  
(This form is to only be completed by a Master Tradesman)*

**\*\* All blanks below must be filled out completely and be legible in order for this statement to be considered complete. If this is not done, this form will not be accepted. \*\***

Application/Permit No. \_\_\_\_\_

I \_\_\_\_\_ am installing electrical/plumbing/mechanical/gas  
Print Name of Master Card Holder (Please circle the trade above that will be performed)

at \_\_\_\_\_ I have all licenses and certifications  
Job Location

Required by the State of Virginia and County of Spotsylvania. I have noted my Tradesman's Information below.

\_\_\_\_\_  
Master Tradesman's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone

***Witness: The Tradesman must sign this document in the presence of the witness. All information in the top and bottom section must be completed by the tradesman prior to the witness completing this section.***

Signed before me by \_\_\_\_\_ in the county of \_\_\_\_\_,  
Master Tradesman's Name

in the State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

In the presence of the undersigned witness.

\_\_\_\_\_  
Witness Print

\_\_\_\_\_  
Witness Signature

**\*\*This portion must be completed with the MEP Contractor's Information.**

*For Example- John Smith with ABC Electrical: Top two lines would be ABC Electricals' information the bottom lines would be John Smith's Tradesman Information\*\* The General Contractor's Information should not be listed on this form unless they are performing the Plumbing, Electrical, or Mechanical portions of the intended job.*

**Contractor's name as it appears on**

**State of Virginia Contractor's License** \_\_\_\_\_

\* (Contractor the Tradesman will be working under)

Contractor's State License #: \_\_\_\_\_

**Tradesman's name as it appears on**

**State of Virginia Masters Tradesman's License** \_\_\_\_\_

(Tradesman that will be performing the work)

Tradesman's State License #: \_\_\_\_\_

**\* Contractor License must have appropriate classification\***



# Landownership Affidavit Exemption for Licensure

(LOA – To be completed by Landowner only when completing work themselves)

I, \_\_\_\_\_, of (address)  
(Landowner's Name)

Affirm that I am the owner of a (certain tract or parcel of land) (mobile home) located at:

and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.

Please initial the work you will be performing (if applicable)

- Building \_\_\_\_\_
- Electrical \_\_\_\_\_
- Plumbing \_\_\_\_\_
- Mechanical \_\_\_\_\_
- Gas \_\_\_\_\_

**\*If you are not performing the work a copy of the contractor's license and/or Tradesman Statement & licenses must be provided.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

§ 54.1-1111. Prerequisites to obtaining business license; building, etc., permit.

Any person applying to the building official or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such official or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.



Application No. \_\_\_\_\_

## Landowner Representative Affidavit

**Required if you are not the individual landowner of  
Record applying or submitting for permit**

*(only required if landowner doesn't sign second page of application or if a signed contract between  
landowner and contractor/agent is not provided)*

COMMONWEALTH OF VIRGINIA,  
COUNTY OF SPOTSYLVANIA, to-wit:

I, \_\_\_\_\_, after having been duly sworn, do hereby certify that I  
(Name of Affiant)  
represent the owner/business \_\_\_\_\_ who is the  
owner of a certain tract or parcel of land located at: \_\_\_\_\_

(Physical Address)

also described as Tax Map No. \_\_\_\_\_, and that I have applied for a building  
permit for the owner of said property.

**I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE WRITTEN AUTHORITY FROM ANY  
AND ALL PROPERTY OWNERS TO FILE THIS APPLICATION AND OBTAIN A PERMIT ON  
THEIR BEHALF. I CERTIFY THAT ALL OF THE SUBMITTED INFORMATION IS TRUE AND  
CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY  
MISREPRESENTATION OF SUBMITTED DATA MAY INVALIDATE ANY APPROVAL OF THIS  
APPLICATION.**

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
**(Please Print Name)**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by

\_\_\_\_\_  
**(Name of Affiant)**

\_\_\_\_\_  
Notary Public

My commission expires:

(Must be sealed)