



Manufactured Home Checklist: Located in a Mobile Home Park Over the Counter Permit

- Completed Application that must include one of the following signature requirements:**
 - Landowner Signature on page two of the application
 - Power of Attorney
 - Signed contract between contractor and landowner
 - Landowner Representative Affidavit (if applicable)
- Provide the following required Virginia State Contractors License(s):**
 - Contractor Class A/B/C License
 - Electrical Tradesman License and Statement – if applicable
 - HVAC Tradesman License and Statement – if applicable
 - Tradesman License LP Gas and Tank Statement- if applicable
 - Plumbing Tradesman License and Statement – if applicable
 - Landownership Affidavit if landowner is performing any of the work him/herself
- Floor Plan:**
 - One Floor Plan
- Site Plan:**
 - One Site Plan

Plot Plans Must Show the Following:

- The proposed accessory structure's location
- The setback distances from the accessory structure to all property lines
- Any Easements that are located within the property.

Approving Departments:

Zoning

Building

Erosion

Ches Bay

County of Spotsylvania
RESIDENTIAL PERMIT APPLICATION
 Community Development Division
 9019 Old Battlefield Blvd. 3rd 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:

1st Fl _____

2nd 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

Landowner's Signature Required or LRA/Signed Contract

Applicant's Printed Name

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)