

**Approving Departments:**

- Zoning
- Building
- Erosion
- Fire Marshal
- Site Plan

**County of Spotsylvania**  
**COMMERCIAL 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:**  
 \_\_\_\_\_

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY- PLEASE PUT N/A IF IT DOES NOT APPLY TO YOUR PROJECT**

**Prior to Permit Issuance the following items are required if marked: TO BE FILLED OUT BY STAFF**

- Copy of VA State Contractor's License
- Tradesman Statements for  Elec  Plumb  HVAC
- Proof of Ownership  LPA  Commercial Affidavit  Landowner Affidavit
- Health Dept. Documents
- Other \_\_\_\_\_

**Business Name/Project Name** \_\_\_\_\_

**Applicant**

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

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

**General Contractor**

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

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

**Landowner**

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

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

**Architect/Engineer**

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: \_\_\_\_\_

### Job Site Information

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

Project Name: \_\_\_\_\_ New Project:  Yes  No # of Lots \_\_\_\_\_

Property Address \_\_\_\_\_ Sec \_\_\_\_\_ Phase \_\_\_\_\_

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

<b>CHECK ALL THAT APPLY:</b>	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Tenant Space
<input type="checkbox"/> Use Permit	<input type="checkbox"/> Shell Only
<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Building Use Change
<input type="checkbox"/> Fire Supp System	<input type="checkbox"/> Fire Alarm/Detection
<input type="checkbox"/> Apartment	<input type="checkbox"/> Renovation
<input type="checkbox"/> Addition	<input type="checkbox"/> Accessory
<input type="checkbox"/> Stand Alone Bldg	<input type="checkbox"/> Demolition
<input type="checkbox"/> Temporary Unit	
<input type="checkbox"/> Manufactured Bldg Unit	
Length _____ Width _____	
Length _____ Width _____	
<input type="checkbox"/> Signs	
Length _____ Width _____ Height _____	
Length _____ Width _____ Height _____	
Length _____ Width _____ Height _____	

**Current/Prior Use** \_\_\_\_\_

**Proposed Use** \_\_\_\_\_

Use Group \_\_\_\_\_

Construction Type \_\_\_\_\_

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

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

Crawl  Basement

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

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

Heat Type \_\_\_\_\_ Water Source \_\_\_\_\_ Sewer Source \_\_\_\_\_

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

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

\_\_\_\_\_  
**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): Land Owner – Contractor – Design Professional

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

## Inspection Process

All inspections and Certificate of Occupancy will be sent via email to the address provided below. Inspection information can also be accessed online at the following link:

<http://etrakit.spotsylvania.va.us/eTrakit3/>

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

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

## Bond Holder Information

Please provide the contact information for the party responsible for all bond maintenance. This information should match the party information listed on the Escrow Bond Agreement.

NAME: \_\_\_\_\_ N/A \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date**

# For Office Use Only

<b>Zoning Department</b>
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Zoning Use \_\_\_\_\_

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

Remarks

\_\_\_\_\_  
\_\_\_\_\_

**FEES:**

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

\_\_\_\_\_

Authorized Signature

<b>Environmental Department</b>
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Bond Amount \_\_\_\_\_ Bonding Secured (Y/N) \_\_\_\_\_  CASH  INS.  CREDIT

\_\_\_\_\_

\_\_\_\_\_

Approval Date

Authorized Signature

**FEES:**

Environmental \_\_\_\_\_ Utility \_\_\_\_\_ Inspection Fee \_\_\_\_\_

Sub Total \_\_\_\_\_

<b>Building Department</b>
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## Commercial Business Use ONLY Checklist

**\*Must be submitted on CD-RW – See electronic Submission Guidelines\***

**\*Name Changes Only:** If the name of your business changes, or your trading names changes, but your Federal Identification Number remains the same, **you do not need a new business use permit** from the Zoning Office.

**Completed Application and Include One of the Following Signature Requirements:**

- Landowner Signature on the application itself
- Signed Lease Agreement Between the Landowner and Tenant

**Correct Tax Map Number (Staff Verified)**

**Plot Plan Showing the Following:**

- Building Location
- Parking
- Vehicle Storage (if applicable)

**Please Answer the Following Questions Regarding Parking:**

- Is the existing parking **GRASS GRAVEL ASPHALT** please circle one?
- How many existing parking spaces are available? \_\_\_\_\_
- Is the parking area is being altered? If so, please provide a description of the proposed changes:

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**An Interior Drawing Showing the Following:**

**(This is not required for an ownership change only)**

- All offices, hallways, and bathrooms with dimensions
- Entrances and Exits
- Stairwells (if applicable)
- Kiosks Must Show: Kiosk Dimensions, Kiosk Layout, and Interior Mall Location of the Kiosk

**Complete the Checklist with the Following:**

- Code Compliance Preliminary New Business Use Questionnaire (Attached)
- Commercial Plan Review Building Use Information Sheet (Attached)

**Two (2) Copies of Health Permit for All Businesses Providing On-Site Food Services**

**Massage Parlor/Massage Therapy: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**\*If YES,** Applicant must also obtain required permit from the County Administrator's Office and a background check from the Sheriff's Office in accordance with Chapter 11.1A of the Spotsylvania County Ordinance.

**Vehicle Towing and Impoundment Lots Must Provide the Following:**

- Signed Lease
- Notarized Affidavit (provided by County) for open storage of vehicles in an Industrial 1 and 2 Zoning Districts.
- Tow Application Form (provided by Sheriff's Office) (if applicable)

**\*\*If your business requires a DMV Certification Letter signed by the Zoning Department please notify the Intake Staff – Additional Fee Apply\*\***

**\*\*Open storage of vehicles is only allowed in Industrial 1 and Industrial 2 Zoning Districts. A vehicle towing and storage/impoundment lot is not allowed in Commercial 1, 2 or 3 Zoning Districts.**





COMMERCIAL PLAN REVIEW BUILDING USE  
INFORMATION SHEET  
County of Spotsylvania  
Community Development  
Building Safety Department

Business Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

- A Renovation permit is required for any renovations (example i.e. removing a wall, building a wall, electrical, plumbing, new HVAC/cooking equipment under a hood, rack storage, increase occupant load.)
- A Building Permit is required when the Uniform Statewide Building Code Requires a greater degree of Fire Protection, Accessibility, structural strength, means of EGRESS, ventilation or Sanitation.
- A plan reviewer may contact you to discuss the information you have provided.

1. **What is the current or previous use of the space or building? Provide name of previous business if known.**

**(Example:** office, daycare, church, automotive repair garage etc.)

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2. **What is the proposed use of the space or building? Describe your business functions in detail.**

**(Example:** Daycare, Church, office, automotive repair garage etc.)

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3. **Describe ALL renovations that are taking place: (Example: removing walls, building walls, electric, plumbing HVAC, adding or changing equipment under a hood, adding rack storage, new signs)**

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\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact Number

For Office Use Only: *Plan Reviewer Comments:*

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