

**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 Accessory Structure Checklist

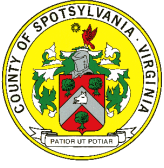
**\*Must be submitted on CD-RW – See electronic Submission Guidelines\***

**\*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
  - Commercial Business Representative Affidavit (CBRA)
  - Signed contract between contractor and landowner.
- Provide the following required Virginia State Contractors License:**
- 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
  - Landowner Exemption Form if landowner or tenant is performing any of the work him/herself
- Complete Sets of Building Plans**
- Additional Floor Plan**
- Plot Plan Showing 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.
- Is the proposed structure located in an easement? Yes: \_\_\_\_\_ No: \_\_\_\_\_**
- Is this Structure a Retaining Wall? Yes: \_\_\_\_\_ No: \_\_\_\_\_**
- Retaining walls under 3 feet are considered ornamental and DO NOT require a permit.
  - Retaining walls that are 3-4 feet in height require basic building plans (2 complete sets).
  - Retaining walls that are over 4 feet in height require structural plans that are certified and stamped by a Professional Engineer.
- Must delineate all future road improvement projects as identified on the Six (6) year Comprehensive Plan, Spotsylvania County Road Improvement Projects, and VDOT Road Improvement Projects. If your project is outside of any identified improvement areas, it must be stated on the site plan by your engineer under "General Notes".**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Commercial Business Representative Affidavit

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. 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



# 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.