

Approving Departments:

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

County of Spotsylvania
COMMERCIAL 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:

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 (if applicable)

Name: _____ Address: _____

Phone #: _____ Fax #: _____ Email Address: _____

Plumber (if applicable)

Name: _____ Address: _____

Phone #: _____ Fax #: _____ Email Address: _____

HVAC Contractor (if applicable)

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: _____

CHECK ALL THAT APPLY:

- New Construction Tenant Space
- Use Permit Shell Only
- Ownership Change Building Use Change
- Fire Supp System Fire Alarm/Detection
- Apartment Renovation
- Addition Accessory
- Stand Alone Bldg Demolition
- Temporary Unit

Manufactured Bldg Unit

Length _____ Width _____

Length _____ Width _____

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

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 _____ Utility _____ Inspection Fee _____

Sub Total _____

Building Department



Commercial Renovation/Use Checklist

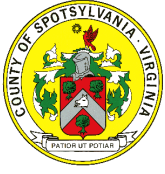
Must be submitted on CD-RW – See electronic Submission Guidelines

- 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
- Well and Drain Field Affidavit OR Health Department Construction Approval**
(if property is located on a well/drain field)
- 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:

- Complete Sets of Building Plans – See Electronic Submittal Guidelines for Details**
- Additional Floor Plan - See Electronic Submittal Guidelines for Details**
- Complete the Checklist with the Following:**
 - Code Compliance Preliminary New Business Use Questionnaire (Attached)
 - Commercial Plan Review Building Use Information Sheet (Attached)
- 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.**



Code Compliance Preliminary New Business Use Questionnaire

Please Answer the Following Questions:

What is the current Zoning use? _____

What is the propose Zoning use? _____

Are there any special use or rezoning cases for this property? **YES** **NO**

If so, please indicate case no. _____

Are any renovations taking place to the existing building, plumbing, electrical or mechanical? **YES** **NO**

Is the existing foot print of the building being altered or expanded? **YES** **NO**

Are you proposing any new signs? **YES** **NO**

If you have any questions regarding the current or proposed Zoning, please contact the Zoning Office at
(540) 507-7434.



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.)

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.)

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)**

Signature of Owner/Agent

Date

Printed Name

Contact Number

For Office Use Only: *Plan Reviewer Comments:*



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



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.