

**Approving Departments:**

- Zoning
- Building
- Erosion
- Fire Marshal

**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**

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

- 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

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

\_\_\_\_\_  
Landowner's Signature Required

\_\_\_\_\_  
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: \_\_\_\_\_

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 Sales and Construction Trailer Checklist

**Note: This checklist is required and is considered part of the application.**

**\*\*Electronic Plan Submittal Guidelines Must Be Met (See Attached) \*\***

- 1. Complete Permit Application Packet Must Include the Following:
  - 1. Commercial Sales and Construction Trailer Checklist Completed and Signed
  - 2. Complete Commercial Permit Application with one of the following signature requirements:
    - a. Landowner Signature
    - b. Power of Attorney
    - c. Signed contract between contractor and landowner
    - d. Commercial Business Representative Affidavit (if applicable)
  - 3. All Required Virginia State Contractor's License and Tradesman Statements (*must be received prior to permit issuance. If contractor(s) is still TBD at the time of submittal this will NOT delay the review process*).
    - a. Contractor Class A/B/C License
    - b. Electrical Tradesman License and Statement
    - c. Plumbing Tradesman License and Statement
    - d. Tradesman License LP Gas and Tank Statement-if applicable
- 2. Complete Set of Electronic Building Plans – See page 6 for details
  - a. Tie-Down Diagrams
  - b. Floor Layout - Must have all rooms labeled, dimensions, entrances, exits, and restroom locations shown.
  - c. Sales Trailers Only – If the trailer will be located on a well/septic system you must provide an approved VDH Health Permit
- 3. Zoning Documents
  - a. Site Plan – Showing trailer location, any easements, and setbacks.
  - b. Floor Layout – Must have all rooms labeled, dimensions, entrances, exits, and restroom locations shown.

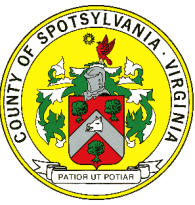
**Please Note:**

**\*ALL Sales Trailers REQUIRE handicap accessibility as well as connection to Public Water/Sewer or connection to a Well/Septic System. \***

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

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

If you have any questions, please contact the Permit Center at (540) 507-7222



# Commercial Electronic Plans Submittal Guidelines

**\*\*All documents must be submitted on a CD-RW\*\***

**\*\*All documents must be submitted in PDF Format ONLY\*\***

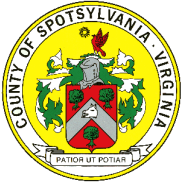
**\*\*Documents shall NOT be secured (see item 4) \*\***

1. Please format your **disk** using the “Like a USB” option. This will allow us to save your approved plans back to your disk prior to issuance. **(NO FLASH DRIVES WILL BE ACCEPTED ONLY CD-RWs)**
2. Your Disk should only contain the below files – **NO FOLDERS!!** (Please label as follows and do **NOT** number them):
  - Application Packet
  - Building Plans
  - Zoning Documents

Name	Date modified	Type	Size
Application Packet	7/29/2020 8:52 AM	Adobe Acrobat D...	1,280 KB
Building Plans	7/29/2020 8:51 AM	Adobe Acrobat D...	18,685 KB
Construction Documents	7/29/2020 8:53 AM	Adobe Acrobat D...	281 KB
Erosion Documents	7/29/2020 8:52 AM	Adobe Acrobat D...	661 KB
Zoning Documents	7/29/2020 8:52 AM	Adobe Acrobat D...	3,183 KB

3. Each File Should Contain the Following:
  - Application Packet – All scanned in together as ONE FILE
    - Permit Application (All 4 pages must be completed and signed)
    - Commercial Sales and Construction Trailer Checklist- Signed and Dated
    - Simultaneous Review Form (if applicable)
    - Commercial Business Representative Affidavit (if applicable)
    - Contractor’s License (if applicable)
    - Tradesman Statements (if applicable)
  - Building Plans (If file size exceeds 90 MB separate accordingly)
    - Tie-Down Diagrams
    - Floor Layout
    - Health Permit or Simultaneous Review Form if Applicable.
  - Zoning Documents – All together as ONE File
    - Site Plan/Grading Plan
    - Floor Layout
4. Documents shall **NOT** be secure. If they are secured in anyway, we will still need permission to do the follow:
  - Insert, Extract, Replace or Delete pages
  - Add Approval Stamp/Header/Watermark/etc.
  - Add Security Password
  - Add Mark-Ups
  - Create Markup Summary Sheet
  - Create Page Labels
  - Enable All Printing Functions

5. File Size Restrictions: Each File must be limited to 90 MB, if your Building Plans are larger than 90 MB please separate into an additional document if needed. (Construction Documents Part 2).
  
6. Items to take into consideration that will save time for you and your Plan Reviewer:
  - Try to submit original electronic versions of files instead of scanned copies when applicable.
  - Make certain all files are legible and contain a high resolution if at all possible.
  - All pages are oriented in the same/correct direction.
  - Ensure all individual pages are labeled with the appropriate sheet, page number, and title.
  - Only submit plans and details that pertain to the project. Any details that DO NOT pertain specifically to the project submitted should be removed, crossed out, or deleted from the submission files.



# 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**

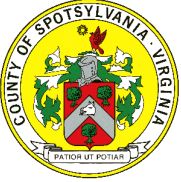
**State of Virginia Masters Tradesman's License** \_\_\_\_\_

(Tradesman that will be performing the work)

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

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





## 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:



# Simultaneous Review Form

Application #: \_\_\_\_\_

Builder: \_\_\_\_\_

Landowner: \_\_\_\_\_

Subdivison: \_\_\_\_\_

Lot #: \_\_\_\_\_

Tax Map #: \_\_\_\_\_

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

\_\_\_\_\_  
Date