

Approving Departments:

- Zoning
- Building
- Erosion
- Fire Marshal

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

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: _____

CHECK ALL THAT APPLY:	
<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



Home Enterprise 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. Home Enterprise Checklist Completed and Signed
 - 2. Home Business Questionnaire
 - 3. Complete Commercial Permit Application with one of the following signature requirements:
 - a. Landowner Signature
 - b. Power of Attorney

- 2. Signed Letter Stating the Following:
 - 1. Complete description of the type of business to be conducted from the home.
 - 2. The number of employees that you will have on staff.
 - 3. Indicate if the business will be conducted from an accessory building on your property or if it will be conducted from inside of the home.
 - 4. The total acreage of the property.

- 2. *If Renovations are taking place – A FULL electronic set of building plans are required.* If Renovations are NOT taking place, please provide the following Building Documents:
 - 1. Interior Floor Plan of the Home and Workspace Showing the Following:
 - a. All rooms labeled with dimensions
 - b. Location of restrooms, entrances and exits
 - c. Location of Equipment to be used
 - d. If your home is located on a well/septic system you must have a letter of approval from the Virginia Department of Health, they can be reached at: 540-507-7386.

- 3. Zoning Documents
 - 1. Site Plan Showing the Following:
 - a. Location of the designated parking area for employees and customers.
 - b. Any Easements on the property
 - c. How you plan to screen the parking area – Examples: Evergreen shrubs, tresses, landscaped berms, or a combination of the elements.
 - 2. Floor Layout – Must have all rooms labeled, dimensions, entrances, exits, and restroom locations shown.

Please Note:

- 1. Massage Parlor or Massage Therapy **MUST** obtain a permit from the County Administrator's Office and **MUST** obtain a background check from the Sheriff's Office in accordance with Chapter 11.1A of the Spotsylvania County Ordinance.

- 2. Along with the above information, you may also be asked to submit further documentation or details to the Plan Reviewer during the review process.

Applicant's Signature

Date

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

Home Business Questionnaire

In order to provide you with the correct application for your home enterprise business or home business use, please complete the following questions. Once completed, a zoning staff member will provide the correct form and checklist to assist you in applying for your permit.

1. Will your business have customers coming to your property?

- Yes
 No

2. Will your business require employees?

- Yes – How Many Employees _____
 No

3. Are you in a R1 or R2 Zoning District?

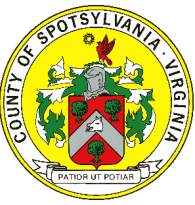
- Yes
 No

If you answered yes to any of the above questions, you may need to apply for a “Special Use Permit”, prior to filing for the permit for your proposed business. A zoning staff member will supply you with the correct forms and information to apply for the “Special Use” permit. After the “Special Use” permit is approved, you must apply for a Home Enterprise permit.

Home Enterprises within Residential 1-3 and Resort zoning districts shall be limited to parcels fronting and/or whose chief point of ingress/egress is upon state maintained roads limited to State Route number 1 through State Route number 712, subject to VDOT approval. Home enterprises whose chief point of ingress/egress is not upon state maintained roads limited to Route number 1 through 712 require approval of a special use permit.

If you answered no to the above questions, a zoning staff member will give you a copy of the Home Enterprise Checklist or Home Use Checklist, whichever applies, along with the correct form that you will need to fill out and submit for review.

NOTE: Approval for a “Special Use Permit” does not necessarily give you permission to use the building for the proposed business. A building permit may be required. Please check with our Building Office to see if the proposed business will be in compliance with your request.



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) ****

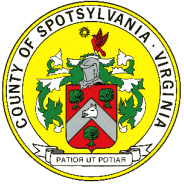
1. Please format your **disk** using the “Like a USB” option. This will allow us to save your approved plans back to your disk prior to issuance. **(NO FLASH DRIVES WILL BE ACCEPTED ONLY CD-RWs)**
2. Your Disk should only contain the below files – **NO FOLDERS!!** (Please label as follows and do **NOT** 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)
 - Home Enterprise Checklist- Signed and Dated
 - Home Enterprise Business Questionnaire
 - Signed Letter
 - Contractor’s License (if applicable)
 - Tradesman Statements (if applicable)
 - Building Plans (If file size exceeds 90 MB separate accordingly)
 - Complete Set of Building Plans in Renovations are taking place.
 - Floor Layout if Renovations are not taking place.
 - 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***



Simultaneous Review Form

Application #: _____

Builder: _____

Landowner: _____

Subdivison: _____

Lot #: _____

Tax Map #: _____

Applicant's Signature

Date