

**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**

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

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 Temporary Seating/Outdoor Area USE Checklist:

**\*\*All temporary use permits must go back for Zoning review\*\***

**\*\*\$130.00 permit fees are due at the time of submittal\*\***

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

- 1. Complete Permit Application Packet Must Include the Following:
  - 1. Commercial Temporary Seating/Outdoor Area Checklist Completed and Signed
  - 2. Complete Commercial Permit Application with one of the following signature requirements:
    - a. Landowner Signature
    - b. Commercial Business Representative Affidavit (if applicable)
- 2. Zoning Documents:
  - 1. Plot Plan Showing the Following:
    - a. Patio Seating Placement
    - b. Setback Distances from the Perimeter of the Seating Area to the Property Lines
    - c. Detailed Exit Plan
- 3. **Is there is a proposed tent: Yes \_\_\_ No \_\_\_ If so, please provide the following information:**
  - What is the proposed square footage of the tent? \_\_\_\_\_
  - What is the proposed maximum number of occupants? \_\_\_\_\_
  - What is the proposed lighting for the structure for PM hours? \_\_\_\_\_

Any Other Additional Comments or Information:

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Note: If the proposed tent is greater than 900 sq. ft, please provide the following:

- 1. Fire Rating Certificate
- 2. Installation Instructions
- 3. Layout of Tables, Aisles, Exits, etc.

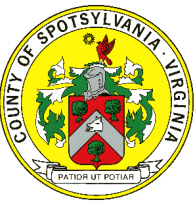
Note: A 991 inspection must be schedule 24 hours in advance once tent is erected by calling the automated scheduling system at 540-507-7087 and following the prompts.

**Note: A separate permit, approval and/or inspection may be required by the Fire Marshall's Office. It is your responsibility to obtain this permit, approval and/or inspection. The Fire Marshall can be reached at 540-507-7900.**

\_\_\_\_\_  
**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
  - 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)
    - Temporary Seating/Outdoor Area USE Checklist- Signed and Dated
    - Commercial Business Representative Affidavit (if applicable)
  - Zoning Documents – All together as ONE File
    - Plot Plan
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.



## 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: