

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 -If Applicable

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



Commercial Temporary Event/Tent Checklist:

****All temporary use permits must go back for Zoning review**
****Electronic Plan Submittal Guidelines Must Be Met (See Attached)******

- 1. Complete Permit Application Packet Must Include the Following:
 - 1. Commercial Temporary Event/Tent Checklist Completed and Signed
 - 2. Code Compliance Temporary Use/Special Event Questionnaire
 - 3. Complete Commercial Permit Application with one of the following signature requirements:
 - a. Landowner Signature
 - b. Signed Lease Agreement
 - c. Commercial Business Representative Affidavit (if applicable)
- 2. Amusement Device Worksheet (if applicable) – Must complete if any Amusement Rides, Bounce Houses, or Inflatables will be present.
- 3. Zoning Documents:
 - 1. Plot Plan Showing the Following:
 - a. Location and size of all proposed activities, events, and/or amusements; including, but not limited to: tents, amusement devices, bounce house(s), food/beverage facilities, sanitary facilities, ect.
 - b. Setback Distances to the property lines of any proposed structures
 - c. Detailed access plan showing any road closures, where vehicular traffic will be entering, exiting, and where all traffic will be rerouted if necessary.
 - 2. Description of the measures that will be taken to minimize the traffic congestion that is attributable to the proposed temporary use.
- 4. **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:

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
 - Building Documents
 - 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 Temporary Event/Tent Checklist- Signed and Dated
 - Code Compliance Temporary USE/Special Event Questionnaire
 - Commercial Business Representative Affidavit (if applicable)
 - Zoning Documents – All together as ONE File
 - Plot Plan
 - Traffic Measures that will be taken
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:



Spotsylvania Building Safety Department Amusement Device Worksheet

The following information is needed in order to complete the Commercial Building Permit Application. A SEPARATE BUILDING PERMIT APPLICATION IS ALSO REQUIRED.

Name of Event _____ Date of Event _____

Location of the event where the devices will be operated: _____

Duration of the event and the length of time the devices will be operated: _____

Name of Owner, Operator or other person assuming Responsibility for the device (s): _____

Description of the Device (s) to be permitted, include serial numbers or identification numbers, ride classification (see fees**), and prior inspection information for any kiddie rides. *(provide on separate attached sheet)* **Kiddie rides with a valid inspection dated within the 365 days prior to the event, are exempt from permit, provided prove of inspection is submitted to the Building Official for review.**

Amusement Device Name	ID/Serial Number	Kiddie Ride Valid Certificate yes / no
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Attach Certificate of Insurance. Ride provider must provide proof of Liability Insurance of an amount not less than \$1,000,000.00 per occurrence.

County inspections are made during normal business hours Monday through Friday. County inspections made on weekends, holidays, and after normal business hours are subject to additional After-hours inspection fees and must be approved by the Building Official.

Requests for After-hours inspections shall be made in writing to the Building Official and MUST be approved prior to scheduling these inspections. Requests are subject to availability of staff and approval is NOT GAURANTEED.

When county inspections are not available due to timing or the applicant's choice, a private amusement device inspector must be used.

What is the anticipated date and time of inspections? _____

If inspection request is outside of normal working hours you MUST either use a private inspector or request after-hours inspections:

Will a private amusement device inspector be used? YES _____ NO *(If yes than the inspection report must be provided to the Building Office at the latest, on the next business day)*

If Private Inspector is used, provide name, address, phone and e-mail (if available) for inspector. Attach a copy of their certificate of competence as an amusement device inspector from the Virginia Board of Housing and Community Development.

Name: _____

Address	City	State	Zip
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Phone	E-Mail
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FEES:

**Type of Ride (Classification)	Fee:	Number	=	Total
A – Kiddie Rides	\$35.00 Each	_____	=	_____
B – Circular or Flat Rides less than 20' in height	\$35.00 Each	_____	=	_____
C- Spectacular Rides (neither A or B)	\$75.00 Each	_____	=	_____
D – Coasters over 30' in height	\$200 Each	_____	=	_____
E – Generator Inspection (small/portable are exempt)	\$165.00 Per Event	_____	=	_____
		Sub-Total	=	_____

After Hours Fee - 50% increase in all fees _____
 If private inspector is being used reduce fee by 75% _____
 2% State Levy: _____
 GRAND Total: _____

Spotsylvania Building Safety Department Amusement Device Worksheet

ADDITIONAL RIDES

Amusement Device Name	ID/Serial #	Kiddie Ride Valid Certificate (Yes or no)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TERMS AND DEFINITIONS:

Amusement Device – A device or structure open to the public by which persons are conveyed or moved in an unusual manner for diversion. VADR 13-VAC-5-31-20. In addition to other applicable requirements of this chapter, inflatable amusement devices shall be operated, maintained and inspected in accordance with ASTM F-2374 and other sections as adopted.

Inflatable Amusement Device – An amusement device or ride as defined by terminology F-747, consisting of air filled structures designed for use, as specified by the manufacturer, that may include but not limited to bounce, slide, climb or interactive play. They are made of flexible fabric, kept inflated by continuous air flow by one or more blowers, and rely upon air pressure to maintain their shape. ASTM F-2374 as reference in 13-VAC-5-31-40-(2).

Air-supported Structure – An amusement device that incorporates a structural and mechanical system and employs a high strength fabric or film that achieves its strength and stability by pretensioning with internal air pressure, all of which are intended to provide an enclosed area for the self-enjoyment of those so confined within. ASTM F-747 as referenced in ASTM F-2374 as referenced in 13-VAC-5-31-40.

Kiddie Ride – An amusement rides in which the passenger height is limited to 54 inches or less, the design capacity is 12 passengers or less, and assembly time is 2 hours or less. 13-VAC-3-31-75.

Kiddie Ride – An amusement ride designed primarily for use by children up to 12 years of age. ASTM F-747 as referenced in 13-VAC-5-31-40.

Design Procedure – The weight assigned to a 12-year-old child passenger for design purposes shall be 90 pounds. ASTM F-1159-5.2 as referenced in 13-VAC-5-31-40.

Spotsylvania Building Safety Department Amusement Device Worksheet

Permit/Notification – The owner/operator of the amusement devices(s) shall be responsible for submitting a permit application **at least five (5) days** before a permit to operate is sought. The permit application shall include name of owner/operator, person assuming responsibility, description of device(s), serial/identification numbers of device(s), location of property where device(s) will operate, length of operation, any application for modification(s), proof of insurance/financial responsibility (\$100,000 per person and \$1,000,000 in the aggregate for each amusement device), notification of any change of status in insurance/financial responsibility. 13-VAC-5-31-75-(C).

A permit for a kiddie ride as defined in 13-VAC-5-31-75-D, ASTM F-747 and ASTM F-1159 need not be obtained if the device has an unexpired certificate of inspection issued by a local building department in this Commonwealth. However, in such cases, **the responsible local building department shall be notified prior to operation. Such notification shall include the information required on a permit application** as stipulated in subdivision one of this subsection (location, contractor, date, devices, certificate of insurance, serial numbers, etc.) 13-VAC-5-31-75-D.

Manufacturers Information (Owner/Operators Responsibility) - The operator of the amusement device shall comply with all recommendations/requirements set out in such documents as required by ASTM F-853. A copy of each such document shall be retained by the operator. Whenever such amusement device is inspected pursuant to these regulations, the operator of the amusement device shall present each such document to the inspector. It is the responsibility of the operator of an amusement device to maintain contact with the manufacturer.

The information required by ASTM F-853 is also addressed in ASTM F-2374 for inflatable amusement devices. As referenced by 13-VAC-5-31-40-2.

Manufacturers Information – It is the owners/operators responsibility to make available to the inspector at the time of inspection for a certificate of inspection the information listed in 2.1 thru 2.6 of ASTM F-698 when manufactured prior to 1978. 13-VAC-5-31-75-G.