

Approving Departments:

- Zoning
- Building
- Erosion
- Ches Bay

**County of Spotsylvania
RESIDENTIAL 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:

RDP WAIVER FORM
YES___ NO___

APPLICATIONS WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY

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

- Copy of VA State Contractor's License
- Tradesman Statements for Elec Plumb Gas HVAC Tank Affidavit
- Proof of Ownership LOA LRA
- Project Value Other _____

Project Description _____

Applicant

Name: _____ Address: _____

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

General Contractor

Name: _____ Address: _____

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

Landowner

Name: _____ Address: _____

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

Mechanic's Lien Agent

Name: _____ Address: _____

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

Electrician (if applicable, if not please use N/A)

Name: _____ Address: _____

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

Plumber (if applicable, if not please use N/A)

Name: _____ Address: _____

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

HVAC Contractor (if applicable, if not please use N/A)

Name: _____ Address: _____

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

LP Tank Contractor

Name: _____ Address: _____

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

Job Site Information

Tax Map _____ Dbl. Circle _____ Block _____ Lot/Parcel _____

Physical Address: _____ Subdivision _____

Is this a Gated Community? Yes No If yes, please note Gate Code for Inspections: _____

Project Description: _____

| New Manufactured Home | | |
|-----------------------|-------------|-------------|
| Single Wide | Double Wide | Triple Wide |
| Length _____ | Width _____ | |
| Serial # _____ | | |
| Year _____ | Make _____ | |

Project Value (Less Land Value) _____

Please Select All Gas Types: LP Tank – Natural - N/A

Ext Wall _____ Foundation _____ Roof Covering _____

of Stories _____ # Full Baths _____ # Half Baths _____

Bedrooms _____ Fuel Type _____ Air Cond. (Y/N) _____

Heat Type _____ # Fireplaces _____ # Flues _____

Gas Logs Lines Tank Heater

Water Source _____ Sewer Source _____

Elec. Ser. Amps _____ Elec. Power Co. _____

Roof Type - Manuf Truss Yes No

Floor Type - Manuf Truss or Eng Product Yes No

Crawl Slab Basement

Basement: Finished Unfinished - Sq. Ft. _____

Garage: Attached Detached None

| New Single-Family Home | |
|------------------------|-------------|
| SFH | Modular |
| Townhouse/Duplex | |
| Overall Length _____ | Width _____ |

| Other Residential Projects | | |
|----------------------------|--------------|-------------|
| Interior Reno | Addition | Accessory |
| Addition: Length _____ | Width _____ | |
| Deck: Length _____ | Width _____ | |
| Garage/Shed: Length _____ | Width _____ | |
| Porch: Length _____ | Width _____ | |
| Select One: Screened | Open | |
| Other _____ | Length _____ | Width _____ |

List each room in house by floor:

1st Fl _____

2nd Fl _____

Basement _____

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 or LRA/Signed Contract

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 _____ SWM _____ Ches Bay _____

Disturbance Sqft _____ Total Acres Disturbed _____ Sub Total _____

| |
|----------------------------|
| Building Department |
|----------------------------|