

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:		
New Construction	Tenant Space	
Use Permit	Shell Only	
Ownership Change	Building Use Change	
Fire Supp System	Fire Alarm/Detection	
Apartment	Renovation	
Addition	Accessory	
Stand Alone Bldg	Demolition	
Temporary Unit		
Manufactured Bldg Unit		
Length _____	Width _____	
Length _____	Width _____	
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