

**Approving Departments:**

- Zoning
- Building
- Erosion
- Ches Bay

**County of Spotsylvania**  
**COMMERCIAL PERMIT APPLICATION**

Community Development Division  
 9019 Old Battlefield Blvd. 1<sup>st</sup> Floor  
 Spotsylvania, VA 22553

Phone (540)507-7222 Fax (540) 507-7282

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY**

**App/Permit # Assigned:**  
 \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**LP Tank Contractor (if applicable)**

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>		
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 the 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, a 2.70% convenience fee will be 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 Certificates of Occupancy will be sent via email to the address provided below.**

As an added customer service measure, **ONE** email address per permit may be provided to receive the inspection results. The inspection results will still be available online if no email is provided. 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 Required**

\_\_\_\_\_

**Date**

# For Office Use Only

Permit Number: \_\_\_\_\_

Tax Map: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor/ Project: \_\_\_\_\_

## Zoning Department

Zoning Use \_\_\_\_\_

Remarks

\_\_\_\_\_

\_\_\_\_\_

### FEES:

Zoning Cert. \_\_\_\_\_ Site Plan Review \_\_\_\_\_ Sub Total \_\_\_\_\_

\_\_\_\_\_ Approved – Date \_\_\_\_\_ Disapproved – Date \_\_\_\_\_

## Environmental Department

Authorized Signature

### FEES:

Environmental \_\_\_\_\_ SWM \_\_\_\_\_ Ches. Bay \_\_\_\_\_ Bond Amount \_\_\_\_\_

Disturbance Sq. Ft. \_\_\_\_\_ Total Acres Disturbed \_\_\_\_\_ Impervious Surface Sq. Ft. \_\_\_\_\_

HUC \_\_\_\_\_ Subdivision Name:

RLD Name \_\_\_\_\_ RLD # \_\_\_\_\_

Remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date

## Building Department

Bs: \_\_\_\_\_

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>Rd</sup>: \_\_\_\_\_

Garage: \_\_\_\_\_

Porch: \_\_\_\_\_

Deck: \_\_\_\_\_

Other: \_\_\_\_\_

Sq.ft. \_\_\_\_\_

X \_\_\_\_\_

Bld \$ \_\_\_\_\_

Elect \_\_\_\_\_

Plum \_\_\_\_\_

Mech \_\_\_\_\_

Rev \_\_\_\_\_



# Commercial Demolition Checklist

Submission needs to follow the  
Electronic Submittal Guidelines

- 1. Complete Permit Application Packet Must Include the Following:
  - a. Commercial Demolition Checklist Completed and Signed
  - b. Complete Commercial Permit Application with one of the following signature requirements:
    - a. Landowner Signature
    - b. Signed Contract between Landowner and Contractor
    - c. Commercial Business Representative Affidavit (if applicable)
    - d. Virginia State Contractor's License OR Landownership Affidavit
- 2. Environmental Documents:
  - 1. Plot Plan Must Show the Following:
    - a. Location and size of the proposed structure that is to be demolished
    - b. Amount of Land Disturbance that will occur during the demolition (sq. ft. of structure to be demolished, ingress/egress path, any proposed soil stockpiles, and any additional grading.) Please provide the associated site plan/permit # for project.
- 3. Building Documents:
  - a. Letter(s) of Disconnect from all Utility Companies
  - b. Memorandum – Asbestos Certification Form
  - c. Location and size of the proposed structure that is to be demolished
  - d. Health Department Confirmation form – to be completed by the Health Department if the property is on a well and drain-field system.

**Note: All commercial buildings being demolished must comply with the Virginia Uniform Statewide Building Code Section 108.10 (See below). Owner or owner's agent must supply the Building Department with certification that the building or affected portions to be renovated or demolished have been inspected for the presence of asbestos. (Asbestos Reports are required for buildings on which a permit was initially issued prior to January 1, 1985.)**

## USBC AMENDMENT

**Section 108.10** – This section shall not apply to single family dwellings or residential housing with four or fewer units, unless the renovation or demolition of such buildings is for commercial or public development purposes. (Asbestos Reports are required for buildings on which a permit was initially issued prior to January 1, 1985.) The provisions of Section 108.10 shall not apply if the combined amount of regulated asbestos-containing material involved in the renovation or demolition is less than 260 linear feet on pipes or less than 160 square feet on other facility components or less than thirty-five cubic feet off facility components where the length or area could not be measured previously.

An abatement area shall not be reoccupied until the code official receives certification from the owner that the response actions will be completed and final clearances will be measured. The final clearance levels for reoccupancy of the abatement area shall be 0.01 or fewer asbestos fibers per cubic centimeter is determined by Phase Contrast Microscopy analysis (PCM) or 70 or fewer structures per square millimeter if determined by Transmission Electron Microscopy analysis (TEM)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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



## 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:

(Notary Seal)



## MEMORANDUM

**TO: ALL APPLICANTS OF BUILDING PERMITS FOR RENOVATION OR DEMOLITION**

**FROM: DAVID ANSELL  
CHIEF BUILDING OFFICIAL**

**DATE: January 7, 2020**

**SUBJECT: ASBESTOS CERTIFICATION FORM**

The Virginia Uniform Statewide Building Code requires **all buildings** to be renovated or demolished shall be inspected for the presence of asbestos-containing materials and unless subject to **exemptions**. (See Section 110.3 of the Virginia Uniform Statewide Building Code). The form below and on the reverse side shall be completed by all applicants for building permits to renovate or demolish a building or structure. This form **must be signed** by the owner or an authorized agent of the owner and **one of the applicable boxes must be checked**.

### *ASBESTOS CERTIFICATION FORM*

Building Permit Application No. \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Address Where Work Is to Be Performed: \_\_\_\_\_

***REMINDER: SIGNATURE REQUIRED ON REVERSE SIDE OR SECOND PAGE***

Form updated to comply with the 2018 edition of the Virginia Uniform Statewide Building Code

As owner, or owner's agent, of the above building, I certify that: (Check applicable box)

- The building permit for the original construction of the building listed above was issued after January 1, 1985; therefore, the building is not subject to asbestos certification requirements.
- The above building is a single-family dwelling, or is residential housing containing four or fewer dwelling units, which will not be used either as a commercial building or as a public development project, and is, therefore, exempt from asbestos inspection requirements.
- The combined amount of regulated asbestos-containing material involved in the renovation or demolition is less than 260 linear feet on pipes, or less than 160 square feet on other facility components, or less than 35 cubic feet off facility components where length or area could not be measured previously, and is, therefore, exempt from asbestos inspection requirements.
- The affected portions of the above building have been inspected for the presence of asbestos by an individual licensed to perform such inspections pursuant to Code of Virginia Section 54.1-503 and that no asbestos-containing materials were found.
- The affected portions of the above building have been inspected for the presence of asbestos by an individual licensed to perform such inspections pursuant to Code of Virginia Section 54.1-503 and that appropriate response actions will be undertaken with the requirements of NESHAPS (40 CFR 61, SUBPART M) and the asbestos worker requirements established by OSHA (29 CFR 1926.1101).
- The building permit application is only for repair or replacement of roofing, floor covering, or siding materials. The materials to be repaired or replaced are assumed to contain friable asbestos and the appropriate response actions will be accomplished by a licensed asbestos contractor or a licensed asbestos roofing, flooring, siding contractor (**THIS OPTION IS NOT PERMITTED FOR SCHOOLS PER VUSBC 110.3**)

***CAUTION: While proper completion of this form satisfies the VUSBC for permit issuance. There are other applicable renovation and regulatory requirements administered by the Virginia Department of Labor and Industry. Fines can be as much as \$25,000. Information and Assistance is available by contacting (540) 562-3580 ext.131. Asbestos inspection and abatement at licensed daycare center is further regulated by the Virginia Department of Social Services Division of Licensing. For more information, contact the Virginia Department of Social Services, Central Licensing (804) 662-9743.***

In addition to the above, I also certify that any asbestos abatement area will not be occupied until all response actions have been completed and final levels for re-occupancy of the abatement area shall be 0.01 or fewer asbestos fibers per cubic centimeter if determined by Phase Contrast Microscopy analysis (PCM) or 70 or fewer fibers per square millimeter if determined by Transmission Electron Microscopy analysis (TEM).

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

**CAUTION: While proper completion of this form satisfies Section 110.3 of the 2018 Virginia Uniform Statewide Building Code for permit issuance, notification of applicable state agencies may be required.**





# Spotsylvania Building Safety Department

## Health Department Confirmation Form

Request for Confirmation of Operational Permit,  
Review Requirements or Acknowledgement of  
Demolition of a Structure

**This document must be received and reviewed prior to issuance of permit**

**To Be Filled Out and Signed By Landowner or Agent**

Owner (print name) \_\_\_\_\_

Owner or Agent signature \_\_\_\_\_

Address \_\_\_\_\_

Tax Map Number \_\_\_\_\_ Subdivision/Lot (if applicable) \_\_\_\_\_

Description of work \_\_\_\_\_

If Sewage Disposal System was installed prior to 1984, provide the name of the owner/ builder at time of construction (This information may be available through Spotsylvania County's land records): \_\_\_\_\_

**This Section to Be Filled Out and Signed By Local Health Department**

\_\_\_\_ Existing Sewage Disposal System to be Used: Operation Permit Attached for \_\_\_\_ Number of Bed Rooms

\_\_\_\_ Existing Sewage Disposal System Installed Before Operations Permits Were Issued: Permit and Inspection Attached For \_\_\_\_  
Number of Bedrooms (serves as an Operation Permit)

\_\_\_\_ No Records Located: "Safe, Adequate, and Proper" Evaluation by a Licensed Onsite Soil Evaluator Required: record search by  
\_\_\_\_ (initial) (*SAP must be reviewed and approved by the Health Department*).

Based on the OSE SAP report on file with the VDH, the sewage system for Tax Map# \_\_\_\_\_ is approved for  
\_\_\_\_ bedrooms, \_\_\_\_\_ gpd design flow. VDH representative \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ New Sewage Disposal Permit Required (expansion, modification, sewer line beyond 5' of foundation, etc.)

\_\_\_\_ Existing Well to be Used (VDH recommends testing for Coliform Bacteria after connection).

\_\_\_\_ Knowledge of Disconnect Due to Structure Demolition: Permit Required for Abandonment of Well/Septic \_\_\_\_ Yes (if  
permanent abandonment). \_\_\_\_ No (if well and septic may be used again in the future)

**Disclaimer: This document represents a record search only. No field evaluation or plan review was conducted. Records may exist and be under different tax map numbers or previous owners. Owner is responsible for providing as much information as possible for a record search. Owner is responsible for meeting required setbacks and for any resulting damage to the sewage disposal system and well per affidavit with Spotsylvania County. Records provided may not reflect actual site conditions. VDH recommends that sewage disposal systems be inspected by a licensed Soil Evaluator or Operator to determine the actual location and condition.**

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed form to be returned to the Spotsylvania Building Safety Department



Application No. \_\_\_\_\_

## Landownership Exemption for Licensure Statement

(LOA – To be completed by Landowner only when completing work themselves)

I, \_\_\_\_\_, of (address)  
(Landowner's Name)

Affirm that I am the owner of a (certain tract or parcel of land) (mobile home) located at:

and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.

Please initial the work you will be performing (if applicable)

Building \_\_\_\_\_  
Electrical \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Mechanical \_\_\_\_\_  
Gas \_\_\_\_\_

**\*If you are not performing the work a copy of the contractor's License and/or Tradesman Statement & licenses must be provided.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

§ 54.1-1111. Prerequisites to obtaining business license; building, etc., permit.

Any person applying to the building official or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such official or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.