



# REQUEST FOR COMMERCIAL FOOTING/ FOUNDATION SLAB ONLY

**\*Copy of the Contractor's License is required as part of the approval.**

- ❖ As the Registered Design Professional, I certify that I have reviewed all relevant aspects of the project including all of the following items and affirm that they are in compliance with the design and applicable codes:
 

Soils Report	Foundation design	Use Group
Type of Construction	Means of Egress	Height and area calculations
Special inspection report	Site Plan	Fire resistance const. requirements
  
- ❖ I have reviewed the Special Inspection requirements and found to be in compliance with the current USBC and the Spotsylvania County Special Inspection Program.
  
- ❖ I am requesting a partial permit request for the following:
 

___Footing	___Foundation	_Slab (For Shell Only)
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- ❖ In accordance with the VA-USBC section 109.6, the request of a permit for the foundation or other parts of a building or structure shall proceed at the holder's own risk with the building operation and without assurance that a permit for the entire structure will be granted.

<b><u>Early Footing/Foundation Fees:</u></b>	
Building	\$345.00
Building Surcharge (2.00%)	\$6.90
Zoning	\$90.00
Processing Fee	\$75.00
<b>TOTAL</b>	<b>\$516.90</b>
<i>*All Fees are due at the time of submittal and are NON- REFUNDABLE*</i>	

Signature & Seal

Project Name: \_\_\_\_\_

Site Plan Application #: \_\_\_\_\_ Building Permit #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Applicant Name	Applicant Signature
Landowner Name	Landowner Signature

### *For Office Use Only:*

**Application Verified & Received**  
Date: \_\_\_\_\_ By: \_\_\_\_\_

**Early Phased Work Request Issued**  
Date: \_\_\_\_\_ By: \_\_\_\_\_

Conditions of Approval:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>APPROVALS:</b>	
Planning Dept. Date: _____	By: _____
Zoning Dept. Date: _____	By: _____
E & S Dept. Date: _____	By: _____
Bond Amount Due: _____	
Building Dept. Date: _____	By: _____

Building Official or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*Note: Must obtain 1<sup>st</sup> Erosion Inspection upon Site Plan Approval & Issuance\*\*\*\***



## 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