



Electronic Commercial Renovation/Use Application Checklist

You must submit an electronic copy along with a paper copy

(A Use permit is required for all Reno permits except when the tenant and business name has a Use permit already established at the location renovations are being proposed.)

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- 1. Completed Application Form.
 - 2. Provide the following required Virginia State Contractor's License
 - Contractors License- A/B/C**
 - Plumbing License- A/B/C**
 - Plumbing Tradesman License & Statement**
 - Electrical License- A/B/C**
 - Electrical Tradesman License & Statement**
 - HVAC License- A/B/C**
 - HVAC Tradesman License & Statement**
 - 2. Correct Tax Map Number (Staff Verified)
 - 3. Legal Landowner Signatures, Commercial Business Representative Affidavit, or Limited Power of Attorney.
 - 4. One (1) complete set of Building Plans
 - 5. One (1) additional Floor Plan Only
 - 6. Two (2) Site Plans Showing building location and parking. (Not required if Use already established)

Is the existing parking: **GRASS** **GRAVEL** **ASPHALT** (Please circle one)?

Please provide the number of existing parking spaces available: _____

If the parking area is being altered, please provide a description of the proposed changes.

- 7. One (1) copy of Health Permit for all businesses providing on site food service.

Note: If you are approved for a Massage Parlor and/or Massage therapy use permit. Applicant must also obtain required permit from the County Attorney office and a background check from the Sheriff's office in accordance with Chapter 11.1A of the Spotsylvania County Ordinance.

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

For Office Use Only

Date Received: _____ **Received By:** _____



Code Compliance Department Preliminary New Business Use Questionnaire

Please answer the following questions:

What is the current Zoning use? _____

What is the propose Zoning use? _____

Are there any special uses or rezoning cases for this property? **YES** **NO**

Is the parcel located in the Highway Corridor Overlay District? **YES** **NO**

If so, please indicate case no. _____

Are any renovations taking place to the existing building, plumbing, electrical or mechanical? **YES** **NO**

Is the existing foot print of the building being altered or expanded? **YES** **NO**

Is the building exterior of the building being change or altered in any way? **YES** **NO**

Are you proposing any new signs? **YES** **NO**

Note: Bases upon your response to the questions above, our office will determine which appropriate attached checklist needs to be utilized. All necessary checklists are attached to this questionnaire.

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

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COMMERCIAL PLAN REVIEW BUILDING USE INFORMATION SHEET



County of Spotsylvania
Community Development
Building Safety Department

Application Number: _____

Project Name: _____

- ❖ **A permit is required for any renovations (example i.e. removing a wall, building a wall, electrical, plumbing, new HVAC/cooking equipment under a hood, rack storage, increase occupant load.)**
- ❖ **A Building Permit is required when the Uniform Statewide Building Code Requires a greater degree of Fire Protection, Accessibility, structural strength, means of Egress, ventilation or Sanitation.**

Please fill this document out completely. It will be reviewed by a Building Office Plan Reviewer. He will determine if a permit is required by the Building Office. **A plan reviewer may contact you to discuss the information you have provided.**

1. What is the current or previous use of the space or building?
Provide name of previous business if known
(**Example:** office, daycare, church, automotive repair garage etc.)

2. What is the proposed use of the Space or building? **Describe in detail**
(**Example:** Daycare, Church, office, automotive repair garage etc.)

3. Describe any renovations that are taking place:
(**Example:** removing walls, building walls, electric, plumbing HVAC, adding or changing equipment under a hood, adding rack storage, new signs)

Plan Review comments: _____

Signature of Owner/Agent

Date

Printed Name.
S:/Permit Technicians/SOP Checklist/Commercial Renovation Checklist

Contact number

Updated on 3-1-2015