

**COUNTY OF POWHATAN**  
Building Inspections Department  
3834 Old Buckingham Road, Suite F  
Powhatan, VA. 23139  
**(804) 598-5622-Phone (804) 598-5877-Fax**  
www.powhatanva.gov

**COMMERCIAL CONSTRUCTION  
Permit Application**

PERMIT NUMBER: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_  
Last name First name Middle initial

ADDRESS: \_\_\_\_\_ SITE ADDRESS: \_\_\_\_\_  
(If different) \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SETBACKS OF PROPOSED BUILDING: FRONT: \_\_\_\_\_ BACK: \_\_\_\_\_ RIGHT: \_\_\_\_\_ LEFT: \_\_\_\_\_

DISTANCE TO NEAREST BUILDING ON SAME LOT: \_\_\_\_\_

TAX PARCEL #: \_\_\_\_\_ TOTAL ACREAGE OF LOT: \_\_\_\_\_

HEALTH DEPT. PERMIT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

WATER: (Check one)  Public  Private Well SEWAGE: (Check one)  Public  Private Septic

STRUCTURE: (Check one)  ADDITION  ALTERATION  NEW CONSTRUCTION  TEMPORARY

NATURE OF WORK: \_\_\_\_\_  
(Examples: Office Building, Canopy, etc.)

CONTRACTOR: \_\_\_\_\_ STATE LICENSE. NO. \_\_\_\_\_  
Last name, First name Middle initial

TRADING AS: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SPECIALTY CLASSIFICATION(S): \_\_\_\_\_  
PHONE: \_\_\_\_\_

BUSINESS LICENSE NO. \_\_\_\_\_ LOCALITY \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**NOTE:**

Two (2) hard-copies and one electronic copy of plans required at time of submittal

When **required** by the Code of Virginia, provide A/E sealed plans.

When A/E sealed plans **are not** required by the Code of Virginia, plans must be signed by the individual (not company) responsible for the design, including the individual's occupation and address.

<input type="checkbox"/> <b>COMMERCIAL BUILDING</b>	Value: \$ _____	Total Sq Ft: _____
#Stories _____	Sq Ft 1 <sup>st</sup> Floor _____	Sq Ft 2 <sup>nd</sup> Floor _____
.....	.....	.....
.....	.....	.....
Sprinklers Y/N _____	Alarm System Y/N ..... _____	Occupant Load _____
.....	.....	.....
.....	.....	.....
Other Work (Specify): _____		

**DEMOLITION** Value: \$ \_\_\_\_\_ (Total cost of demolition)

Describe building or building element to be demolished \_\_\_\_\_

Have all utilities been disconnected?  Yes  No If No, explain \_\_\_\_\_

**Please provide appropriate documentation (receipts) that demolition debris has been properly disposed of.**

**Note: Asbestos and Demolition Certification Form is required to be submitted with permit applications for all commercial repair, alteration, or demolition work.**

**By signing this application, the applicant acknowledges responsibility for the above matters.**

**I certify that I am legally authorized to make this application. I also certify that all construction will be executed in accordance with the applicable provisions of the Virginia Uniform Statewide Building Code and the Ordinances of Powhatan County. No portion of the work executed under this permit will be used or occupied until a Final Inspection and/or Certificate of Occupancy is granted.**

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

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

Applicant is  Building Owner  Owner's Agent  Contractor/Contractor's Agent

**NOTE:** If the permit applicant does **not** hold a Contractor's license issued by the Virginia Department of Professional and Occupational Regulation, submit a notarized Affidavit of Exemption from Contractor Licensing.

**PERMIT FEES:**

All fees plus state levy are to be paid upon application for a permit.

The Commonwealth of Virginia requires every jurisdiction to collect a 2% fee levy on each permit issued. This amount is added to the permit fee collected by the county at the time of application for a permit (e.g., \$40 permit fee + 0.80 levy = \$40.80 total). Cash or check are the only acceptable forms of payment.

**(THIS SECTION TO BE COMPLETED BY COUNTY STAFF)**

Use Group: \_\_\_\_\_ Use Code: \_\_\_\_\_ Fed. Use Code: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Magisterial Dist.: \_\_\_\_\_ Zoning: \_\_\_\_\_ Traffic Area: \_\_\_\_\_ Voting Dist.: \_\_\_\_\_

USBC Edition: \_\_\_\_\_ Hydrologic Unit: \_\_\_\_\_ Route #: \_\_\_\_\_ Floodplain: Y/N \_\_\_\_\_

Site Plan # \_\_\_\_\_ Variance/Conditional Use Permit# \_\_\_\_\_ Occupant Load: \_\_\_\_\_

Planning & Zoning Approval \_\_\_\_\_ Building Dept. Approval \_\_\_\_\_