

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

**AMUSEMENT DEVICE
Permit Application**

This application must be completed accurately and all supporting documents submitted at least five (5) days before the date in which the applicant intends to operate an amusement device.

PERMIT NUMBER: _____ DATE OF APPLICATION: _____ RECEIVED BY: _____

OWNER / OPERATOR /
PERSON ASSUMING RESPONSIBILITY: _____
Last name First name Middle initial

COMPANY: _____

ADDRESS: _____

LOCATION: _____
OF EVENT _____

ZIP: _____

PHONE: _____

FAX: _____

EMERGENCY NUMBER: _____

DURATION OF PERMIT: START _____ END _____

DATE/TIME OF INSPECTION DURING NORMAL OPERATING HOURS OF BUILDING DEPT: _____

WILL A PRIVATE INSPECTOR IS TO BE UTILIZED? Y/N: _____ SUBMIT COPY OF STATE CERTIFICATION.

Permit applications shall be submitted with the following:

Proof of liability insurance of in the amount of not less than \$1,000,000 per occurrence or proof of equivalent financial responsibility. This includes kiddie rides that do not require permits.

Permit is not required for a kiddie ride that has an unexpired certificate of inspection issued by any local building inspection department in this Commonwealth within the last 12 months. In such case, the Amusement device permit application still needs to be completed, and the building Department will check for valid certificates on the day of set up. (no fee is involved).

Inspections will be conducted on the date of setup, unless otherwise notified.

AMUSEMENT DEVICE PERMIT FEES:

Refer to the separate FEES SCHEDULE document for complete list of 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., \$35 permit fee + 0.70 levy = \$35.70 total).

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