



COUNTY of SUSSEX

COMMERCIAL CONSTRUCTION APPLICATION

(New Construction/Alterations/Finished & Unfinished Space)

Date _____

Applicant/Contractor's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Work) () _____

State License Number _____ Expiration Date: _____

Email Address: _____

Property Owner: _____

Location of the work: _____

Tax District: _____ Tax ID Number _____

PROJECT SPECIFICATIONS

Use Group: _____ Minimum Construction Type: _____ Occupant Load: _____

Live Load: _____ Edition of Code: _____

Number of Stories: _____ Sq. Ft. per Floor: _____

Total Square Footage: _____ Total Value of Construction: _____

Description of work: _____

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations of the Uniform Statewide Building Code and all applicable Ordinances.

Signature _____ Date: _____

****See Back for Additional Information needed****

**Commercial Building Permit Application
Required Information**

	Submitted	
	<u>Yes</u>	<u>N/A</u>
Construction Documents & Plans (2 sets)		
Water Tap Fee receipt		
Sewer Tap Fee Receipt		
Private Sewage Disposal System Permit		
Zoning Permit/Land Disturbing Permit		
Special Inspections Statement		
Health Department approval (Restaurant)		

I, _____ hereby certify all documents indicated above are included with this application. If after review the application is deemed incomplete I will be assessed a \$50 re-review fee that shall be paid prior to processing the application and issuance of the permit.

Signature: _____ Date: _____

GENERAL CONTRACTOR:	ADDRESS:
VA.STATE LICENSE NUMBER:	
CLASS / EXPIRATION:	COST ESTIMATE: \$

MECHANICAL CONTRACTOR:			
VA.STATE LICENSE NUMBER:			ADDRESS:
CLASS / EXPIRATION:			
OPERATING DATA	BTU RATING	FUEL TYPE	COST ESTIMATE: \$

PLUMBING CONTRACTOR:	ADDRESS:
VA. STATE LICENSE NO:	
CLASS / EXPIRATION:	COST ESTIMATE: \$

ELECTRICAL CONTRACTOR:	ADDRESS:
VA. STATE LICENSE:	
CLASS / EXPIRATION:	COST ESTIMATE: \$

AFFIDAVIT OF LICENSURE EXEMPTION

Name of Applicant: _____ Permit #: _____
Location of Project: _____

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

A. Any person applying to the building inspector 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 inspector 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, supported by an affidavit, 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.

It shall be unlawful for the building inspector or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor.

* * *

AFFIDAVIT

I hereby affirm that I have read § 54.1-1111(A) of the Code of Virginia and fully understand the contents thereof; that I am not subject to licensure or certification as a contractor or subcontractor. I further affirm that I will be responsible for all construction on the property allowed by the permit(s) hereby issued. If the work is performed by any other person or firm employed or retained by me, I acknowledge that such person or firm must comply with the state and local contractor licensing laws.

Signature of Applicant Date

Commonwealth of Virginia
CITY/COUNTY OF _____, to-wit:

Sworn and subscribed to before me, a Notary Public, the ____ day of _____ 20____,

by _____.

My commission expires: _____

Notary Registration Number: _____ Notary Public

* * *

PLEASE BE ADVISED THE VIRGINIA BOARD OF CONTRACTORS STRONGLY ADVISES THAT CONTRACTORS OBTAIN BUILDING PERMITS—NOT OWNERS OR RESIDENTS.

VIOLATION OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE IS A CRIMINAL MISDEMEANOR AND WILL BE PROSECUTED AGAINST THE PERMIT HOLDER.

More information is available at: http://www.dpor.virginia.gov/Consumers/Consumer_Guides/
SHRINK SWELL SOIL DISCLOSURE

BACKGROUND: The Virginia Uniform Statewide Building Code (“VUSBC”) once listed Sussex County as having a 20% chance or greater potential for having shrink swell soil within its boundaries. Section R401.4 of the International Residential Code, which is incorporated into the VUSBC, has been revised and now provides as follows:

Where quantifiable data created by accepted soil science methodologies indicate expansive, compressible, shifting or other questionable soil characteristics are likely to be present, the building official shall determine whether to require a soil test to determine the soil’s characteristics at a particular location. This test shall be done by an approved agency using an approved method.

In 2005, a County-wide soil study was conducted and revealed that 0.6% of all acreage in the County (or 2,052 acres) has a high probability of the presence of shrink swell soil. This study also revealed that 26.3% of all acreage in the County (or 83,002.8 acres) has a moderate probability of the presence of shrink swell soil in the County. ***The County has not interpreted the results of this soil study to authorize the building official to require soil tests. The soil study did, however, reveal that there is a probability that shrink swell soils might be present in certain isolated locations in the County.*** Detailed information about this soil study, including maps delineating areas where these soils may be present, is available for inspection at the Sussex County Community Development Department upon request.

* * *

I have (or my contractor) has applied for a building permit to erect a building or construct improvements to an existing building in Sussex County, Virginia (“the project”).

I have been informed by the Sussex County Community Development Department of the possibility that shrink swell soil may exist at site of the project. I have also been advised of the nature of the damage the presence of shrink swell soil may cause to a building, to include footing failure, foundation failure and residential structural damage.

I have further been advised by the Sussex County Community Development Department that I should consult a professional engineer familiar with shrink swell soil to design any footings and foundations associated with the project. By signing this document, I acknowledge that I have read and understand this disclosure and agree that Sussex County and its officials will be held harmless for any and all structural failures or other damages that may be incurred because of the presence of shrink swell soil should I decide to proceed with the project without having obtained the advice of an approved agency as specified in the International Residential Code.

Signature

Date

Printed Name

Address of Project

