



# Amusement Device Permit Application

Department of Building Inspection, PO Box 40  
 9800 Government Center Parkway, Chesterfield, VA 23832  
 Phone: 804-748-1057  
 Commercial Fax: 804-717-6080  
[www.chesterfield.gov/bi](http://www.chesterfield.gov/bi)

PERMIT NUMBER:

Will this event be private? If yes, a permit application is not necessary.

### Amusement Device Permit Application Instructions:

- 1) This form shall be submitted at least five days before the event date. All items must be filled out completely.
- 2) Attach proof of financial responsibility for the minimum amount of \$1,000,000 for each occurrence or proof of equivalent financial responsibility.
- 3) Submit all required forms and fees for processing at time of application.
- 4) Inspections will be conducted on the date of setup, unless otherwise notified.

<b>OWNER/OPERATOR: PERSON ASSUMING RESPONSIBILITY</b>	<b>COMPANY NAME:</b>	
	<b>ADDRESS:</b>	
	<b>CITY/STATE/ZIP:</b>	
	<b>PHONE #:</b>	<b>EMERGENCY PHONE #:</b>
	<b>SIGNATURE:</b>	<b>PRINT NAME:</b>
	<b>CONTACT NAME:</b>	<b>CONTACT PHONE #:</b>
	<b>CONTACT EMAIL:</b>	
	<b>OWNER NAME:</b>	<b>OWNER PHONE #:</b>
	<b>OWNER EMAIL:</b>	
<b>LOCATION AND OPERATION TIMES OF DEVICE(S):</b>	<b>JOB LOCATION:</b>	
	<b>DATE AND TIME OF SET UP:</b>	
	<b>DATE AND TIME OF SHUTDOWN:</b>	
<b>AMUSEMENT DEVICE TYPES:</b>	<ol style="list-style-type: none"> <li>1. <b>SMALL MECHANICAL RIDE OR INFLATABLE.</b>  <b>NO FEE DUE IF VALID INSPECTION VERIFICATION PROVIDED :</b> <ul style="list-style-type: none"> <li>• <b>SMALL MECHANICAL – AN INSPECTION WITHIN THE PAST SIX MONTHS</b></li> <li>• <b>INFLATABLE – AN INSPECTION WITHIN THE PAST ONE YEAR</b></li> </ul> </li> <li>2. <b>CIRCULAR OR FLAT RIDES LESS THAN 20’ IN HEIGHT – ALSO INCLUDES ARTIFICIAL CLIMBING WALLS LESS THAN 20’ IN HEIGHT</b></li> <li>3. <b>SPECTACULAR RIDE – ALSO INCLUDES GRAVITY RIDES, ZIP LINES, GO CARTS, BUMPER BOATS, BUNGEE JUMPING AND ARTIFICIAL CLIMBING WALLS 20’ OR GREATER IN HEIGHT</b></li> <li>4. <b>COASTERS THAT EXCEED 30’ IN HEIGHT.</b></li> </ol>	

PLEASE LIST THE NAME(S) AND IDENTIFICATION SERIAL NUMBER(S) FOR ALL AMUSEMENT DEVICES COVERED UNDER THIS PERMIT.		
DEVICE NAME OR DESCRIPTION	TYPE (AS INDICATED ABOVE 1, 2, 3 OR 4)	SERIAL NUMBER

PLEASE ATTACH ADDITIONAL SHEETS/PAGES AS NEEDED.

<b>FEE SCHEDULE:</b>	<b>NUMBER OF RIDES:</b>	<b>TOTAL PERMIT FEE: \$ _____</b>
<b>SMALL MECHANICAL OR INFLATABLE</b>	<b>\$35.00 X _____</b>	
<b>CIRCULAR/FLAT</b>	<b>\$55.00 X _____</b>	<b>*MINUS 75% FOR PRIVATE INSPECTOR - \$ _____</b>  *Private Inspector Name as it appears on the DHCD Certification
<b>SPECTACULAR</b>	<b>\$75.00 X _____</b>	<b>PERMIT FEE : \$ _____</b> If an after-hours or weekend inspection is required, there will be a 50% increase in the fee.
<b>COASTERS</b>	<b>\$200.00 X _____</b>	<b>STATE LEVY (2%) \$ _____</b>

<b>OFFICE USE ONLY</b>	<b>AMUSEMENT DEVICE PERMIT FEE:</b>	
	<b>STATE LEVY:</b>	
	<b>TOTAL PERMIT FEE:</b>	
	<b>CASHIER:</b>	<b>DATE:</b>
	<b>TENDER:</b>	