



Commercial Building 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
Avoid Paper and Apply Online:
<https://aca-prod.accela.com/CHESTERFIELD/>

OFFICE USE ONLY

PERMIT #:

ASSOCIATED PERMIT #:

WORK DESCRIPTION

AGENTS & CONTACTS

CONTRACTOR:	DPOR LICENSE #:	CONTRACTOR PHONE #:
CONTRACTOR CONTACT:	CONTRACTOR CONTACT EMAIL ADDRESS:	CONTRACTOR CONTACT PHONE #:
RDP (REGISTERED DESIGN PROFESSIONAL):	DPOR LICENSE #:	RPD PHONE #:
RDP ADDRESS:		
RDP CONTACT:	RDP CONTACT EMAIL ADDRESS:	RPD CONTACT PHONE:
DEVELOPER:	DEVELOPER PHONE #:	
DEVELOPER ADDRESS:		
DEVELOPER CONTACT:	DEVELOPER CONTACT EMAIL ADDRESS:	DEVELOPER CONTACT PHONE#:
OWNER/TENANT (FIRST NAME, LAST NAME OR COMPANY NAME):	OWNER/TENANT PHONE #:	
OWNER/TENANT FULL MAILING ADDRESS:	OWNER/TENANT EMAIL ADDRESS:	

JOB INFORMATION

JOB ADDRESS:		
SHOPPING CENTER NAME/BUILDING NAME:	TENANT BUSINESS NAME:	
Note: Estimated cost of construction is labor and materials for work covered under the building permit. Do not include the cost of plumbing, mechanical, electrical or other trade permit work.		EST. COST OF CONSTRUCTION:
PROPERTY WATER SOURCE: COUNTY WATER OR WELL	Customer has received a copy of the Utilities Checklist: _____	
PROPERTY SEWAGE DISPOSAL: COUNTY SEWER OR SEPTIC		

APPLICANT

APPLICANT NAME (PLEASE PRINT LEGIBLY):	APPLICANT PHONE #:
REPRESENTING (NAME OF COMPANY):	APPLICANT EMAIL #:
APPLICANT SIGNATURE:	DATE:

JURAT STATEMENTS	CONTRACTOR EXEMPTION	<p style="text-align: center;">Complete this section if you are exempt from being a licensed contractor</p> <p>Contractor exemptions- These are common exemptions from being a licensed contractor pursuant to Code of Virginia § 54.1-1101: owner or lessee performing work on a commercial building for his or her own use; owner or lessee performing work on not more than one residential building for his or her own use during any 24-month period; students performing work as part of a technical education project for the construction of portable classrooms or single family homes; governmental agencies performing work with its own forces</p> <p>By checking this box I submit this statement to be true under penalty of perjury that I am not subject to licensure or certification as a contractor or subcontractor pursuant to chapter 11 of title 54.1 of the Code of Virginia, for the work described on this permit application.</p> <p style="text-align: center;"><input type="checkbox"/></p>		
	BUSINESS LICENSE REQUIREMENT	<p style="text-align: center;">Business License Requirement</p> <p>Contractors applying for permits must confirm that taxes or license fees required by a county or municipality in Virginia have been paid. If the amount of business done by the contractor in Chesterfield County exceeds \$25,000 YTD, a Chesterfield County Business license is required.</p> <p>By checking this box I submit this statement to be true under penalty of perjury that I have either a valid business license in a Virginia municipality that requires a business license, or I have a valid Chesterfield County business license.</p> <p style="text-align: center;"><input type="checkbox"/></p>		
		SIGNATURE:	DATE:	PLEASE PRINT NAME LEGIBLY

BUILDING INSPECTION OFFICE USE ONLY

BUILDING PERMIT FEE:	CASHIER:				<p><u>GATEKEEPER:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">FULL ROUTE</td> <td style="width: 33%;">STRUCTURAL</td> <td style="width: 33%;">BUDGET</td> </tr> <tr> <td>ELECTRICAL</td> <td>ENV ENG</td> <td>HEALTH</td> </tr> <tr> <td>MECHANICAL</td> <td>PLANNING</td> <td>TRANSPORATION</td> </tr> <tr> <td>PLUMBING</td> <td>UTILITIES</td> <td></td> </tr> <tr> <td>NON STRUCTURAL</td> <td>ADDRESSING</td> <td></td> </tr> </table>	FULL ROUTE	STRUCTURAL	BUDGET	ELECTRICAL	ENV ENG	HEALTH	MECHANICAL	PLANNING	TRANSPORATION	PLUMBING	UTILITIES		NON STRUCTURAL	ADDRESSING	
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ADMINISTRATIVE FEE:	DATE:																			
STATE LEVY:	TENDER:																			
TOTAL PERMIT FEE:	TZ	EZ	CF	IDT																

INITIALS:
