



# NEW NON-RESIDENTIAL CONSTRUCTION CENTRAL PERMITTING APPLICATION

APP #

Applicant's Name \_\_\_\_\_ Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Email \_\_\_\_\_  
 Property Owner(s) Name(s) \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Project Address (if different) \_\_\_\_\_  
 Tax Parcel ID Number: \_\_\_\_\_

- What is the total square footage of disturbed area for the project? \_\_\_\_\_
- What is the proposed height of the structure? \_\_\_\_\_
- What is the square footage of structure/addition? \_\_\_\_\_

**Is this application for a business?**     Yes     No  
 Proposed Business Name: \_\_\_\_\_

**Total Value of Construction:** \_\_\_\_\_  
**Description of work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Indicate the answers for the following**

Total Square Footage of the Structure		Number of employees?			Number of Commercial Vehicles	
Operating Hours		Sign	Yes	No	Sign (Type)	
Public Sewer		Public Water			Private Well	
Private Septic		Use Group			Edition of Code	
Live Load		Minimum Contr Type			Occupant Load	
# of Stories		Sq Ft per Floor			Total SF	

I, the undersigned applicant, certify that this application is complete, accurate and contains all required and requested information, documents, and other submittals, and that all statements made herein are, to the best of my knowledge, true and correct. I further certify that I have exercised due diligence to obtain the most recent, complete, and correct information available.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return to: [planreview@iwus.net](mailto:planreview@iwus.net)

Appendix A

HAMPTON ROADS AREA STATEMENT OF SPECIAL INSPECTIONS

PROJECT

PERMIT APPLICANT

Blank lines for project information

Blank lines for permit applicant information

PRIMARY RDP OF RECORD

STRUCTURAL ENGINEER OF RECORD

Blank lines for primary RDP information

Blank lines for structural engineer information

This Statement of Special Inspections is submitted as a condition for permit issuance in accordance with the International Building Code (IBC) as stated in the Virginia Uniform Statewide Building Code (USBC). It includes a Schedule of Special Inspections applicable to this project as well as the name of the Special Inspector, and the identity of other testing laboratories or agencies intended to be retained for conducting these inspections or tests.

The Special Inspector shall keep records of all inspections, and shall furnish inspection reports to the Building Official, appropriate Registered Design Professional(s) (RDP(s)), Owner and Contractor. All discrepancies shall be brought to the immediate attention of the Contractor for correction. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the Building Official and appropriate RDP(s). Interim reports shall be submitted to the Building Official, Owner, Contractor, and the appropriate RDP(s) according to the Hampton Roads Regional Special Inspection Guidelines and Procedures.

Jobsite safety is solely the responsibility of the contractor. Materials and activities to be inspected are not to include the contractor's equipment and methods used to erect or install the materials listed. All fees/costs related to the performance of Special Inspections shall be the responsibility of the Owner. Additionally, the undersigned (RDP or SER) are only acknowledging that the items enumerated on the Schedule of Special Inspections are consistent with the required design elements, the applicable sections of the Uniform Statewide Building Code, and their area of expertise.

REVIEW, AUTHORIZATION & ACCEPTANCE

Permit Applicant (General Contractor):

Signature / date:

Printed Name:

Owner's Authorization:

Signature / date:

Printed Name:

Primary RDP of Record:(Review and Acceptance of Schedule)

Signature / date:

Printed Name:

SER of Record:(Review and Acceptance of Schedule)

Signature / date:

Printed Name:

Building Official's Acceptance:Signature / date:

Printed Name:

SCHEDULE OF SI PREPARED BY:

Virginia RDP Seal of SSI Preparer

Printed Name of the Preparer of the Schedule (on line above)

Special Inspector:

Signature / date:

Printed Name:

SI Company Name: