



AMUSEMENT DEVICE PERMIT APPLICATION

Department of Community Development and Code Compliance
 6602 Courts Drive, PO Box 68
 Prince George, VA 23875
 Phone: (804) 722-8659 Fax: (804) 722-0702
www.princegeorgeva.org

OFFICE USE ONLY
APPLICATION #:
PERMIT #:

SITE	JOB ADDRESS (STREET #/STREET NAME OR SUBDIVISION):	PARCEL ID #:
	PROPERTY OWNER'S NAME:	OWNER PHONE #:
	PROPERTY OWNER'S MAILING ADDRESS (IF DIFFERENT FROM JOB ADDRESS):	
	SET UP DATE/TIME:	SHUT DOWN DATE/TIME:

DEVICES	DEVICE NAME	TYPE	SERIAL NUMBER	FEE (OFFICE USE)

WHAT IS THE ESTIMATED COST OF THIS WORK ONLY (MATERIALS AND LABOR)? DO NOT INCLUDE THE COST OF OTHER WORK IN THIS ESTIMATE	ESTIMATED COST: \$
--	-----------------------

ATTACH PROOF OF FINANCIAL RESPONSIBILITY FOR THE MINIMUM AMOUNT OF \$500,000 FOR EACH OCCURRENCE (IE: BOND, CASH RESERVE, OR CERTIFICATE OR POLICY OF INSURANCE).

COPIES OF REQUIRED NON DESTRUCTIVE TESTING INSPECTIONS AND SAFETY MODIFICATIONS THAT WERE REQUIRED BY THE MANUFACTURER ARE TO BE AVAILABLE FOR INSPECTOR USE.

CONTACTS	DEVICE SPONSOR :	EMAIL:	PHONE #:
	CONTRACTOR NAME: (IF OWNER, SEE OWNER'S SECTION)	EMAIL:	PHONE #:
	CONTRACTOR ADDRESS:	DPOR LICENSE #:	
	PRIMARY CONTACT FOR CORRESPONDENCE (NAME):	EMAIL:	PHONE #:

APPLICANT	LICENSED CONTRACTOR: IF YOU ARE APPLYING FOR THIS PERMIT AND YOU ARE THE CONTRACTOR LISTED ON THIS APPLICATION, PLEASE COMPLETE THE APPLICANT SECTION BELOW CONTRACTOR'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE CONTRACTOR LISTED ON THIS APPLICATION, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE CONTRACTOR'S AGENT		
	OWNER: IF YOU ARE THE OWNER OF THIS PROPERTY, ARE EXEMPT FROM LICENSURE REQUIREMENTS, AND YOU ARE DOING YOUR OWN WORK, YOU MUST COMPLETE THIS SECTION (THE APPLICANT SECTION) AND THE "OWNER" (SECOND PAGE) OWNER'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE OWNER OF THE PROPERTY, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE OWNER'S AGENT		
	APPLICANT SIGNATURE:	APPLICANT NAME (PLEASE PRINT):	DATE:

OWNER	COMPLETE THIS SECTION ONLY YOUR IF YOU ARE THE OWNER OF THE PROPERTY DOING OWN WORK AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.		
	If you are an owner and intend to do the work or subcontract the work, the owner is required to certify that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing below and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and acknowledges your compliance with the Section 54.1-1111 of the Code of Virginia.		
	I, as the OWNER , will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER OR AGENT SIGNATURE:	DATE:	NAME (PRINT):

COMMUNITY DEVELOPMENT OFFICE USE ONLY						
PERMIT TRACKING FORM ATTACHED (IF NOT, COMPLETE BELOW)					Y	N
APP/FEES	RCVD BY:	RCVD DATE:	BUSINESS LICENSE VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR	PLANS/SPECS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR		
	PERMIT FEE AMT: \$	STATE LEVY AMT: \$	TOTAL FEE AMT: \$	PAID BY:		
	PROFFERS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROFFER AMT. PAID: \$	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK (CK # _____)	RCVD BY:		

APPLICANT NOTIFIED BY:	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER:	DATE:
PERMIT ISSUED BY:	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PICKED UP BY:	DATE: