Print Form

AMUSEMENT DEVICES

BUILDING INSPECTION, PO BOX 40,
9800 GOVERNMENT CENTER PARKWAY
CHESTERFIELD VA 23832
Office: 804-748-1057; Fax: 804-751-4713; www.chesterfield.gov/bi
Inspection Scheduling: 804-751-4444

PERMIT NUMBER

AMUSEMENT DEVICE PERMIT APPLICATION INSTRUCTIONS

1) Complete entire application form
2) 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)
3) Submit all required forms and fees for processing (See Fee Schedule)
4) Inspections will be conducted on the date of setup, unless otherwise notified.
5) Copies of required Non Destructive Testing inspections and safety modifications that were required by the manufacturer are to be available for inspector use.

JOB LOCATION:

DATE AND TIME OF SETUP:

DATE AND TIME OF SHUTDOWN:

LIST OF AMUSEMENT DEVICE TYPE

DEVICE NAME	TYPE	SERIAL NUMBER	FEE PER DEVICE

SPONSOR

DEVICE SPONSOR :

DEVICE SPONSER PHONE

DEVICE SPONSOR ADDRESS

DEVICE SPONSOR E-MAIL

ID	CONTRACTOR NAME:	CONTRACTOR ID #:	CONTRACTOR'S PHONE #:

CONTACT	PRIMARY CONTACT PERSON	CONTACT'S PHONE #:
	CONTACT'S E-MAIL ADDRESS:	

OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME):	OWNER PHONE #:
	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME JOB LOCATION):	
	PROPERTY OWNER CITY/STATE/ZIP (SKIP, IF MAILING ADDRESS IS THE SAME AS JOB LOCATION):	

APPLICANT	APPLICANT NAME: (PLEASE PRINT)	
	REPRESENTING (NAME OF COMPANY)	
	APPLICANT SIGNATURE:	DATE:

OWNER AFFIDAVT

Complete this section only if you are an OWNER doing your 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 out, an Owner Affidavit is required certifying 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 the Owner Affidavit and in turn obtaining the permit in your name makes you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes. This "Owner Affidavit" must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with Section 54.1-1111 of the Code of Virginia. (Note: Lessees are owners per state law.)

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.

OWNERS SIGNATURE	DATE	PLEASE PRINT OWNE NAME LEGIBLY :

I, as a witness, saw the owner of this property affix his signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the state of Virginia.

WITNESS' SIGNATURE:	DATE:	PLEASE PRINT WITNESS' NAME LEGIBLY:

OFFICE USE ONLY

SPACE BELOW IS FOR BUILDING INSPECTION OFFICE USE ONLY:

AMUSEMENT PERMIT APPLICATION, 10/10/2007 10:48:00 AM

AMUSEMENT PERMIT FEE: $		
OTHER FEE $		
ASSOCIATED CREDIT CARD FEE: $		
STATE LEVY: $		
TOTAL PERMIT FEE: $		
CASHIER:	CHECK #:	DATE: