

## INSTRUCTIONS FOR APPLYING FOR SERVICES

1. Complete the appropriate application for services. Please make sure it is completed in its entirety or it will be returned to applicant.
2. Submit all required documents with application. Please do not send documents separately, application cannot be processed without all of the documents. Save all required documents as individual files and label with name of document(s) For example if you are submitting an application, survey and building plans. You should have three separate documents and they should be labeled “application”, “Survey” and “Building Plans”
3. Submit application and all required documents to [CDDapplication@SuffolkVA.us](mailto:CDDapplication@SuffolkVA.us) in the subject line please provide site address. If your file is too large please email [CDDapplication@Suffolkva.us](mailto:CDDapplication@Suffolkva.us) to request a link.
4. When your application is received you will receive a confirmation e-mail. If you do not receive a confirmation e-mail, please contact our office 757-514-4150.
5. The timeframe it takes to process an application varies on the following:
  - a. Completeness of application (Are all required documents attached?)
  - b. Volume of application received
  - c. Timeframe it takes to receive approval from other departments, if required
6. Once application has been processed the Permit Technician will send an e-mail with an invoice and instructions for making payment. Payment must be made within 5 business days not to delay the issuance of your permit. Due to the volume of applications we are processing, if payment is made after 5 business days, it can take up to an additional 2 weeks to process your permit.
7. Once your permit has been issued you may **request inspection** by visiting <https://www.suffolkva.us/FormCenter/Community-Development-13/Request-For-An-Inspection-64> , faxing 757-514-4199, e-mailing [CDDapplication@SuffolkVa.Us](mailto:CDDapplication@SuffolkVa.Us) , in subject line please write site address and in the body provide permit number, type of inspection requesting and contact person’s name and phone #, or calling 757-514-4150. Inspections are not guaranteed on date requested, and we are unable to provide a time of day that inspectors will arrive. To view your **inspection results** visit [http://apps.suffolkva.us/PCD/cd/nds/insp\\_rslts2/index.jsp](http://apps.suffolkva.us/PCD/cd/nds/insp_rslts2/index.jsp) .



# City of Suffolk

## VIRGINIA

Department of Planning & Community Development  
 442 W. Washington St., Ste. 1084A, Suffolk, VA 23434  
 Phone: (757) 514-4150 Fax: (757) 514-4199  
 Email: [cddapplication@suffolkva.us](mailto:cddapplication@suffolkva.us)  
 Website: [www.suffolkva.us](http://www.suffolkva.us)

### ZONING APPLICATION

Building Permit #:

Map#:

Acct#:

**Type of Work:**  Fence  Accessory Structure less than 257 sqft  Amending Existing Permit # \_\_\_\_\_  
 Other: \_\_\_\_\_  Sign Reface

SITE LOCATION (Include unit/lot#):

<b>CONTRACTOR OR AGENT</b>	SUBMITTED BY: <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> CONTRACTOR		CITY of SUFFOLK License # _____		
	DPOR Contractors License# _____ (must be 10 digits)		Class <input type="checkbox"/> A / <input type="checkbox"/> B / <input type="checkbox"/> C		
	Property Owner Name:		Owner Address:		
	Owner Phone Number:				
	Applicant Name:		Company Name:		
	Address:		City:	State:	Zip Code:
	Phone Number:		Email Address:		

Type of Work	Type: (Wood, Aluminum, etc)	Height	Open/Closed	Will the fence surround a pool?*	Is Survey Attached?
Fence					

\*If fence is surrounding a pool an Application for Services building and Pool Fence Affidavit must be completed in Lieu of the Zoning Application.

- OR -

Type of Work	Type of Accessory	Length	Width	Height	Total Square Footage	Accessory Structure Form Attached?	Survey Attached?	Picture/ Plans Attached?
Complete for Accessory Dwelling								

Sign reface include drawings and show location.

Description of work being performed: \_\_\_\_\_

Estimated Value of work: \$ \_\_\_\_\_

*\*Please make sure application is completed in its entirety*

***I understand that it is my responsibility to investigate and pursue as necessary***

- ***Private deed restrictions and covenants regulating construction beyond the limitations contained in Suffolk City Ordinances. Contact your homeowner's association regarding your development's restrictions***
- ***If this is a rental property, it is your responsibility to assure that you have the authority to use this property. The City assumes no liability for its use.***
- ***Administrative processing fees will be deducted from any refund if the permit is voided/cancelled. Applicant agrees to waive a full refund as set in section 107.1.2, in the Virginia Construction Code***

THE SIGNATURE BELOW INDICATES THAT I AGREE TO COMPLY WITH THE CURRENT EDITION OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND ALL SUPPLEMENTS AND THE EROSION AND SEDIMENT CONTROL REQUIREMENTS AS CONTAINED IN CHAPTER 34, SUFFOLK CITY CODE AND ALL OTHER CITY CODE REQUIREMENTS. THIS APPLICATION IS MADE PURSUANT TO U.S.B.C. SECTION 110. STRUCTURES ARE NOT PERMITTED TO BE PLACED ON EASEMENTS OR RIGHT OF WAYS. THE CITY WILL BE HELD HARMLESS FOR VIOLATION OF THIS POLICY.

This permit will be issued in the name of the listed property owner or licensed contractor. As the permit holder of record you will be responsible and liable for the construction approved on this permit.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature**

**Applicant's Name Printed**

**Date**

INTERNAL USE ONLY

Reviewed by \_\_\_\_\_

Application Complete  Yes or  No

Required Documents Attached  Yes or  No