

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 in the subject line please provide site address. If your file is too large please email 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 , 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 .
8. To **request a Commercial Certificate of Occupancy**, e-mail CDDapplication@Suffolkva.us . Before e-mailing verify that all required inspections are completed, including final zoning inspection has passed (if applicable), final SSI has been approved(if applicable), and bond has been satisfied (if applicable),. Please allow up to 5 business days to process.

Commercial Building Permit APPLICATION CHECKLIST

Type of Building Permit	Approved Site Plan/ Site Plan Waiver	Plans /Drawings	Land Disturbance Permit	Pool Fence Affidavit
<i>New Structure</i>	x	x	Contact Public Works 757-514-7611	
<i>Add/Alt/Repair</i>	x	x		
<i>Accessory Structures</i>	x	x		
<i>Fence as barrier for Pool</i>	x	x		x
<i>Pool</i>	x	x		x
<i>Marine Structures, piers, bulk heads, etc</i>	x	Sealed Plans, VMRC and Army Corp of Engineer Approval		
<i>Tent over 900 Sqft</i>	1) Certificate of Insurance 2) Certificate of Flame resistance 3) Fire Department Permit			



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
 Website: www.suffolkva.us

COMMERCIAL BUILDING & ZONING APPLICATION

Project Name:

Map#:

Acct#:

Permit Permit & Plan Review Plan Review Only Amending Existing Permit # _____

SITE LOCATION (Include unit/lot#):

Are 2015 approved plans on file? YES or NO (If no, provide permit # they were approved under BLC _____ - _____)

LAND DISTURBANCE/RIGHT OF WAY PERMIT? YES or NO (If yes, please attach)

HLC: YES or NO Site Plan/Waiver attached? YES or NO (Provide Site plan/Waiver # in lieu of attaching # _____)

CONTRACTOR OR AGENT

SUBMITTED BY: OWNER AGENT CONTRACTOR

CITY of SUFFOLK License # _____

DPOR Contractors License# _____ (must be 10 digits) Class A / B / C

Property Owner Name:

Address:

Applicant Name:

Company Name:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

New Addition/Alteration/Repair

TYPE OF WORK BEING PERFORMED

Building Addition/Alteration/Repair

Building - New

Antenna/Tower

City Building

Sign

Certificate of Occupancy

Foundation Only

Pool

Change in Use

Commercial Shed/Garage

Tent

Commercial Re-Roof

Demo

Other _____

DESCRIPTION OF WORK (must be completed):

New Square Footage:

Alteration Square Footage:

Estimated Value:

