



# City of Suffolk

## VIRGINIA

Department of Planning & Community Development  
 442 W. Washington St., Ste. 1084A, Suffolk, VA 23434  
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 Email: [cddapplication@suffolkva.us](mailto:cddapplication@suffolkva.us)  
 Website: [www.suffolkva.us](http://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 approved plans on file? 2015 or 2018  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

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

<input type="checkbox"/> Building Addition/Alteration/Repair	<input type="checkbox"/> Building - New	<input type="checkbox"/> Antenna/Tower	<input type="checkbox"/> City Building	<input type="checkbox"/> Sign
<input type="checkbox"/> Certificate of Occupancy	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Pool	<input type="checkbox"/> Change in Use	<input type="checkbox"/>
<input type="checkbox"/> Commercial Shed/Garage	<input type="checkbox"/> Tent	<input type="checkbox"/> Commercial Re-Roof	<input type="checkbox"/> Demo	<input type="checkbox"/>
<input type="checkbox"/> Other _____				

**DESCRIPTION OF WORK (must be completed):**

**New Square Footage:**

**Alteration Square Footage:**

**Estimated Value:**

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

- Health Department Approval – 757-514-4752
- Site Plan Approval or Waiver – Planning Department – 757-514-4060
- Flood Zone – engineer’s report for foundation design required.
- Shrink/Swell soil potential – engineers soil report for footing and foundation required.
- Chesapeake Bay Preservation Area – Planning Department approval required. – 757-514-4060
- Historic Landmark Commission District - Planning Department approval required. – 757-514-4060
- Statement of Special Inspections may be required
- If this is rental property, it is your responsibility to assure you have authority to use this property. The City of Suffolk assumes no liability.
- If Certificate of Occupancy (CO) is needed, submit request to CDD. Please allow up to 5 business days for processing.

Administrative processing fees will be deducted from any refund. Applicant agrees to waive full refund s set in section 107.1.2, in the Virginia Construction Code

***\*Please make sure application has been completed to its entirety***

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**

**Inspection Point of Contact (POC):** Person to receive inspection results.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**INTERNAL USE ONLY**  
Reviewed by \_\_\_\_\_  
Application Complete  Yes or  No  
Required Documents Attached  Yes or  No  
If no to any of the above, was e-mail submitted to applicant?  Yes or

<b>Commercial</b>		
Building Fee (\$56 min)	$$.10 \times \text{Total Square Footage}$	= _____
Levy	2% of amount above	= _____
Commercial Plan Review	(if applicable- see below)	= _____
Zoning Fee	\$39 (if applicable)	= _____
Certificate of Occupancy	\$110 (if applicable)	= _____
<b>Total</b>		= _____

<b>Commercial Plan Review Fee - All Structures</b>	
1-2,499 square feet	\$ 87
2,500-5,000	\$ 116
5,001-10,000	\$ 145
10,001-30,000	\$ 203
30,001-50,000	\$ 290
50,001-100,000	\$ 348
Above 100,000	\$ 405