

COMMERCIAL PERMIT APPLICATION

City of Manassas Park
Community Development Department
9701 Manassas Drive
Manassas Park, VA 20111
703-335-8815



City use only Fee

Building# _____ \$ _____
Mechanical# _____ \$ _____
Electrical# _____ \$ _____
Plumbing# _____ \$ _____
Fire Alarm# _____ \$ _____
Fire Supp.# _____ \$ _____

Tax Map # _____ Plan # _____

JOB INFORMATION

Project Address: _____
Company / Applicant Name _____
Applicant address: _____ City _____ State _____ Zip Code _____
Phone _____ Email Address _____

☐ New Building ☐ Existing Building ☐ Tenant Lay-Out ☐ Other:

Description of Work: _____

Type of alteration (check all that apply): ☐ Interior ☐ Exterior ☐ Addition ☐ Change of Occupancy

CODE INFORMATION

Occupancy Classification(s) (per VCC): _____ Type of Construction (per VCC): _____
Numbers of Stories in Building: _____ Gross Floor Area per Floor (SF): _____
Original (Base) Building Design – Code and Year: _____
High-Rise Building: ☐ NO ☐ YES

FIRE PROTECTION SYSTEMS

Sprinklers: ☐ NO ☐ YES ☐ Partial ☐ Full Nozzles: _____ Approved Central Station: ☐ No ☐ Yes
Fire Alarm System: ☐ No ☐ Yes Type: _____
Standpipes: ☐ NO ☐ YES- Identify Location on Plans: _____

FIRE RESISTANCE DESIGN NUMBER, PRESCRIPTIVE ITEM NUMBER, OR CALCULATED CODE SECTION

Floor/Ceiling: _____ Roof/Ceiling: _____
Columns: _____ Beams: _____ Corridor Separation: _____ Tenant Separation: _____

TENANT INFORMATION

Purpose of Space: _____ Floor No: _____
Occupancy Classification (per VCC): _____ Area of Tenant Space (SF): _____
Hazardous Materials: ☐ Combustible Liquid ☐ Flammable Liquid ☐ Other _____

I hereby certify that I have authority to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building ordinance and other applicable laws and regulations, which relate to the property.

Signature of Owner, Contractor or Agent _____ Date _____

☐ Owner ☐ Contractor ☐ Authorized Agent

Printed Name _____ Title _____

CITY USE ONLY

Zoning Administrator: APPROVED: _____ DATE: _____
Building Official: APPROVED: _____ DATE: _____
Issued by: APPROVED: _____ DATE: _____



WORKSHEET C

City use only
Master Permit # _____

Other than R-5 Use and Occupancy Scope of Work

CONTRACTOR/APPLICANT INFORMATION

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____

I AM PERFORMING WORK AT THE FOLLOWING ADDRESS (Lot # or Tax Map # if no address exists):

_____, MANASSAS PARK, VA 20111.

I AM RESPONSIBLE FOR WORK ON THE FOLLOWING TRADES:

- ☐ BUILDING (Section 1) ☐ ELECTRICAL (Section 2) ☐ MECHANICAL (Section 3) ☐ PLUMBING (Section 4)
☐ FIRE SUPPRESSION (Section 3) ☐ FIRE ALARM (Section 2)

SECTION 1 – BUILDING TRADE

NEW CONSTRUCTION OF COMPLETE BUILDINGS (This section is for new complete buildings, fit out for occupancy):

- ☐ Commercial Building (office, retail, manufacturing, warehousing, and similar) ☐ Residential Building (apartments, condominiums, hotels, and similar) ☐ Institutional Building (hospitals, nursing homes, rehabilitation, and similar) ☐ Other Building (Describe): _____

Gross Square Footage of Floor Area: _____ ft.²

Finished Floor Area, to exclude unfinished basements and garages: _____ ft.²

PARTIAL BUILDINGS AND EXISTING BUILDINGS (This section is for improvements, tenant fit outs, partial structures, and the like):

Footings, foundations, and slabs only. Gross square feet of building footprint: _____ ft.²

Shell building only (to exclude footings, foundations, and slab). Gross square feet: _____ ft.²

Shell with footings/foundations. Gross square feet: _____ ft.²

Finished building (to exclude footings, foundations, and slab). Gross square feet: _____ ft.²

Renovations, Remodeling, and Tenant Fit-Outs. Floor area: _____ ft.²

DEMOLITION:

I am demolishing _____ structure(s), or portions thereof, and am only responsible for demolition.

I am demolishing _____ structure(s), or portions thereof, as a part of my construction permit.

STRUCTURES OTHER THAN BUILDINGS:

Retaining Walls. Gross square feet of wall face: _____ ft.²

Walls Signs (# of signs): _____ sign(s)

Outdoor Signs (# of signs): _____ sign(s)

Swimming Pools (# of pools or water structures) _____ pool(s)

Tents over 900 ft.², and other temporary structures (# of tents or structures): _____ structures

SECTION 1 – BUILDING TRADE (CONT.)

ADDITIONAL STRUCTURES NOT ITEMIZED, COMMENTS AND DESCRIPTION: _____

SECTION 2 – ELECTRICAL TRADE

NEW CONSTRUCTION, REMODELING, ADDITIONS, REPAIRS, RENNOVATIONS, ETC. (THIS SUB-SECTION IS MULTI-FAMILY, COMMERCIAL, STORAGE, AND OTHER NON-R5 BUILDINGS):

Appliances and Stationary Equipment <i>(to include bathroom exhaust fans)</i> :	(#) _____
Circuits <i>(new, extensions and feeders)</i> :	(#) _____
Dental Chairs:	(#) _____
Duct Heaters:	(#) _____
Electrical Unit Heaters <i>(to include space and baseboard)</i> :	(#) _____
Fixtures and Receptacles:	(#) _____
Gasoline Pumps/Dispensers:	(#) _____
Gasoline Pumps/Submerged:	(#) _____
Generators Less Than 100kVA <i>(all types and voltages)</i> :	(#) _____
Generators 100kVA and Above <i>(all types and voltages)</i> :	(#) _____
Heating and A/C Less Than 5 Tons Per Unit:	(#) _____
Heating and A/C 5 Tons and Above Per Unit:	(#) _____
Motors Less Than 5 H.P. <i>(includes air handlers and exhaust)</i> :	(#) _____
Motors 5 H.P. and Above <i>(includes air handlers and exhaust)</i> :	(#) _____
Service Less Than 600V/Less Than 600A:	(#) _____
Service Less Than 600V/Greater Than 600A, but less than 1200A:	(#) _____
Service Less Than 600V/1200A and Above:	(#) _____
Service Over 600V:	(#) _____
Temporary Service:	(#) _____
Signs:	(#) _____
Site Lighting <i>(per pole or pedestal)</i> :	(#) _____
Subpanels:	(#) _____
Swimming Pools, Hot Tubs, Spas, and Similar:	(#) _____
Temporary Wiring for Events:	(#) _____
Transformers Less Than 100kVA:	(#) _____
Transformers 100kVA and Above:	(#) _____
Uninterruptable Power Supplies Less Than 100kVA:	(#) _____
Uninterruptable Power Supplies 100kVA and Above:	(#) _____
Variable Air Volume Boxes:	(#) _____
Welders:	(#) _____
X-Ray Machines:	(#) _____

ADDITIONAL ITEMS NOT LISTED ABOVE, COMMENTS AND DESCRIPTION: _____

SECTION 2 – ELECTRICAL TRADE (CONT.)

FIRE ALARM SYSTEMS:

☐ Monitored Type of Dial-Out: _____

☐ Unmonitored

Fire Alarm Zones: (#) _____

Fire Alarm Control Panel(s): (#) _____ Make/Model: _____

Annunciator Panel(s): (#) _____ Make/Model: _____

System Devices (*to include panels, detectors, flow switches, etc.*): (#) _____

ADDITIONAL COMMENTS AND DESCRIPTION: _____

SECTION 3 – MECHANICAL TRADE

DUCTWORK:

Gross Square Footage of Ducted Area: _____ ft.²

COMMERCIAL KITCHEN EXHAUST HOODS:

Exhaust Fans for Kitchen Hoods: (#) _____

Square Feet of Under-Hood Area: _____ ft.²

Hood Suppression System(s): (#) _____

TYPE/MAKE/MODEL OF SUPPRESSION SYSTEM(S): _____

CHILLED WATER PIPING, HOT WATER PIPING, AND STEAM PIPING:

Gross Square Footage of Served Area: _____ ft.²

EQUIPMENT SCHEDULE (*NEW OR REPLACEMENT*):

Boilers (*to include water heaters used for non-domestic purposes*): (#) _____

Incinerators and Crematories (*in pounds per hour*): _____ #/hr.

Furnaces (*central heating, duct, oil, and solid fuel*): (#) _____

Refrigeration (*product cooling*): (#) _____

Heating and A/C Units Up To 5 Tons: (#) _____

Heating and A/C Units Over 5 Tons: (#) _____

Conversion Burners: (#) _____

Air Compressors: (#) _____

Automotive Emissions Systems: (#) _____

Chillers (*new or replacement*): (#) _____

Unit Heaters, Space Heaters, Through-Wall Units, Exhaust Fans, Laundry Dryers/Cleaners: (#) _____

Spray Booths, Paint Booths, Flammable Finish Booths: (#) _____

ADDITIONAL EQUIPMENT NOT LISTED: _____

SECTION 3 – MECHANICAL TRADE (CONT.)

SMOKE EVACUATION SYSTEMS:

Square Feet of Affected Area: _____ ft.²
Smoke Removal Fans: (#) _____

FLAMMABLE AND COMBUSTIBLE LIQUID TANKS:

I am abandoning or removing _____ storage tank(s).
I am installing _____ storage tank(s) over 550-gallon capacity, and running associated piping.
I am doing the piping only for _____ storage tank(s).
I am installing _____ storage tank(s) up to 550-gallon capacity.

ELEVATORS:

Elevators and Escalators (*new or replacement*): (#) _____
Sidewalk Lifts, Material Lifts, Cart Lifts, Stair Lifts, Porch Lifts, etc.: (#) _____

DESCRIBE LIFT TYPE FROM ABOVE: _____

BUILDING FIRE SUPPRESSION:

Water Based: ☐ Wet Pipe System ☐ Dry Pipe System ☐ Pre-Action System
Clean Agent: ☐ Chemical (*wet, dry, or foam*) ☐ Inert Gas ☐ CO₂
Other (*describe*): _____

Limited Area Sprinkler System(s): (#) _____
Number of Heads for Complete Systems: (#) _____
Dry Pipe Valve(s): (#) _____
Risers in Complete Sprinkler System: (#) _____
Risers in Standpipe Only System: (#) _____
Fire Pump(s): (#) _____
Underground Fire Line(s): (#) _____
CO₂ System(s): (#) _____
Clean Agent System(s): (#) _____
Dry Chemical System(s): (#) _____
Wet Chemical System(s): (#) _____

SECTION 4 – PLUMBING TRADE

FIXTURES AND EQUIPMENT:

Fixtures (*to be installed*): (#) _____
Fixtures (*to be capped or removed*): (#) _____
Appliances Requiring a Drain/Waste/Vent Connection: (#) _____
Roof Drains (*in gross square footage of roof area*): _____ ft.²
Roof Drain or Downspout Connections (*count*): (#) _____

SECTION 4 – PLUMBING TRADE (CONT.)

Building and Storm Sewer Laterals (*in linear feet*): _____ LF

Water Services: _____ (#) _____

Cross Connection and Backflow Prevention Devices: _____ (#) _____

Water Softeners: _____ (#) _____

Ground Works (*per fixture served*): _____ (#) _____

Trap Primers: _____ (#) _____

Pressure Reducing Valves: _____ (#) _____

Backwater Valves: _____ (#) _____

Mixing Valves: _____ (#) _____

Recirculating Pumps: _____ (#) _____

Saunas or Steam Baths: _____ (#) _____

ADDITIONAL FIXTURES AND EQUIPMENT NOT LISTED: _____

LP AND NATURAL GAS PIPING IN OTHER THAN R-1 AND R-2 USE AND OCCUPANCY:

Meters and Regulators in System: _____ (#) _____

Connected Appliances: _____ (#) _____

LP Tanks: _____ (#) _____

LP AND NATURAL GAS PIPING IN R-1 AND R-2 USE AND OCCUPANCY:

Residential Units: _____ (#) _____

Gas Outlets: _____ (#) _____

LP Tanks: _____ (#) _____

ADDITIONAL DESCRIPTION OF GAS WORK: _____

MEDICAL GAS PIPING:

Number of Manifolds: _____ (#) _____

Medical Gas Outlets: _____ (#) _____

ADDITIONAL DESCRIPTION OF MEDICAL GAS WORK: _____

SECTION 5 – CERTIFICATION

I hereby attest that the scope of work indicated is complete and accurate to the best of my knowledge, and that it is my responsibility to comply with the Virginia Uniform Statewide Building Code in performing this work:

Print Name

Signature

____/____/____
Date

CONTRACTORS LIST

City of Manassas Park
Community Development Department
One Park Center Court
Manassas Park, VA 20111
703-335-8815



	City use only	Fee
Building#	_____	\$ _____
Mechanical#	_____	\$ _____
Electrical#	_____	\$ _____
Plumbing#	_____	\$ _____
Fire Alarm#	_____	\$ _____
Fire Supp.#	_____	\$ _____

WORKSHEET A
ADDITIONAL CONTRACTORS**CONTRACTOR INFORMATION**

Company / Applicant Name _____
Address _____ Contractor ID / Contract ID # _____
City _____ State _____ ZIP _____
Phone _____ Email _____
State Contractor's License # _____ City BPOL # _____
Cost of Work: \$ _____

Responsible for work in the following trade(s):

☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Fire Alarm ☐ Fire Suppression

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All Contractors Must Also Complete a Scope of Work Worksheet (Worksheet B or Worksheet C)

For Additional Contractors Please Use Another Worksheet A