



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

COVID 19 Self Certification Form
Certification of Compliance

Version 2020-03-23

A permit must be obtained in advance of commencing work. *
(Gas-fired Appliances - Like for Like replacement only.)

*Exceptions to the permit requirement:

- 1) Emergency Repair or Replacement - A permit application, completed certification and permit fee must be submitted within five (5) calendar days.
- 2) Ordinary Repair – No Permit Required
 - a) Repairing a portion of an existing roof or existing siding.
 - b) Repairing or replacing an internal part of a manufactured unit or appliance.
 - c) Replacing an electrical manufactured unit or appliance with an identical unit or appliance.

CONTRACTOR DATA	OWNER DATA
Name: _____	Name: _____
Address: _____	Site Address: _____
Phone #: _____	Phone #: _____
State Lic. #: _____ Class: _____	Owner Address (If Different From Site):
Prince William Lic. #: _____	_____
Master Tradesman #: _____	_____

Date Work Performed: _____

Permit Number: _____

Date Issued: _____

Residential Limited Service Permit Required (Check Box to all that apply)		
Solar Panels= (SP)		
<input type="checkbox"/> (SP) Building (Attach required paperwork/ photos per policy #1.13.7)	<input type="checkbox"/> Water Heater (Tankless) (Attach vent certification per policy #4.4.4)	<input type="checkbox"/> Gas Dryer
<input type="checkbox"/> (SP) Electrical (Attach required paperwork/ photos per policy #1.13.7)	<input type="checkbox"/> Water Heater (Tank Type) (Attach vent certification per policy #4.4.4)	<input type="checkbox"/> Gas Range/Oven/Cooktop
<input type="checkbox"/> Car Charger (Attach required paperwork/ photos per policy #3.3.1)	<input type="checkbox"/> Gas Furnace/Air Conditioning (Attach vent certification per policy #4.4.4)	<input type="checkbox"/> Gas Logs
	<input type="checkbox"/> Replacement of Interior Water Pipes	<input type="checkbox"/> Gas appliance (Other) _____
** <input type="checkbox"/> Water Heater	<input type="checkbox"/> Electric	** <input type="checkbox"/> Air Conditioning or Heat Pump
** <input type="checkbox"/> Furnace	<input type="checkbox"/> Electric	
** <input type="checkbox"/> Range/Oven	<input type="checkbox"/> Electric	
**Equipment Specifications and Data		
Manufacturer: _____ Model No./Name: _____ Serial No.: _____		
Ratings/Capacity _____ Gallons, BTUs, Tonnage, etc. _____		

I certify that the installation, replacement or repair of the above checked items meets all of the requirements of the Virginia Uniform Statewide Building Code (VUSBC).

Master Signature: _____ **Date:** _____

Staff Use Only

Accepted Rejected

By: _____ **Date:** _____