



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

JOINT OCCUPANCY EVALUATION (JOE)
PERMIT APPLICATION (Commercial)

Version 2020_0619

<i>Staff Use Only</i>	
OCC20 _____	
Fee \$ _____	
Rcpt. # 20 _____	

NEW OCCUPANT INFORMATION	
APPLICANT INFORMATION IS REQUIRED PRIOR TO SUBMITTING APPLICATION (You will be notified if your application is approved or denied for inspection within 5 business days) (PLEASE TYPE OR PRINT CLEARLY IN INK AND FILL IN ALL BLANK SPACES)	
Previous Business Name:	Proposed Business Name:
Previous type of Business:	Proposed type of Business:
Premise Address:	
Proposed Use Classification:	Square Footage:
Number of Floors:	Number of Restrooms:
Applicant Name:	Applicant Email:
Contact Name:	Contact Phone:
Applicant Signature - I have read Policy 2.4 (JOE) Program : <input type="checkbox"/> <i>By checking this box, I agree to electronically signing this form.</i>	
	Date:

BDD Staff Use Only		
Date Received:	Received by:	Link to Occupancy Case:
ADR#: ADR20	ZNA#: ZNA20	SB DPM#: SBPM20
Street Files Found: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Occupancy Copy Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Outstanding Permit / Inspection Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , issues are: <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Attached	
Project eligible for Level 1 per Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	QC Approved for Level 2: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
BDD Staff Signature:		

BCE and FMO Staff Use Only	
Project Eligible for Level 2 per Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Date(s): _____ / _____
Meeting Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Change of Use is Approved per Policy: From ____ To ____
Mixed Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Use Groups: ____, ____, ____	Const Type: _____ Code Year: _____ Calc. Occ Load: _____
Is Alteration/Repair Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	JOE Denial and TLO Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant Present for Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No or Name of Agent: _____	
BCE Inspector Signature:	Date:
FMO Inspector Signature:	Date: