



**PRINCE WILLIAM COUNTY**  
**Department of Development Services – Building Development Division**

**LIMITED SERVICE PERMIT**  
**Certification of Compliance**

Version 2020-02-24

**A permit must be obtained in advance of commencing work. \***  
*(Gas-fired equipment installation/replacement and gas piping not permitted under this program.)*

\*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
<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Site Address:</b> _____
<b>Phone #:</b> _____	<b>Phone #:</b> _____
<b>State Lic. #:</b> _____ <b>Class:</b> _____	<b>Owner Address (If Different From Site):</b>
<b>Prince William Lic. #:</b> _____	_____
<b>Master Tradesman #:</b> _____	_____

**Date Work Performed:** \_\_\_\_\_

Permit Number: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

Residential Limited Service Permit Required (Check Box to all that apply)		
<input type="checkbox"/> Attic Fan/Whole House Fan <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Dishwasher <input type="checkbox"/> Electrostatic Air Filter <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> Exterior stairway lighting <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Humidifier	<input type="checkbox"/> Icemaker <input type="checkbox"/> Lighting Fixture (one only) <input type="checkbox"/> Post Light (electric only) <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Sump Pump	<input type="checkbox"/> Trash Compaction <input type="checkbox"/> Water Service (replacement only) <input type="checkbox"/> Water Treatment Equipment <input type="checkbox"/> Well Pump (replacement only) <input type="checkbox"/> 15-20 Amp Circuit with one receptacle/Fixture
** <input type="checkbox"/> Water Heater <input type="checkbox"/> Electric ** <input type="checkbox"/> Furnace <input type="checkbox"/> Electric ** <input type="checkbox"/> Range/Oven <input type="checkbox"/> Electric	** <input type="checkbox"/> Air Conditioning or Heat Pump	
<b>**Equipment Specifications and Data</b>		
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:** \_\_\_\_\_