



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

JOINT OCCUPANCY EVALUATION (JOE)
PERMIT APPLICATION (Commercial)

Version 2009-01-24

<i>Staff Use Only</i> BLD20 _____ Receipt # 20
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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:		New Business Name:	
Previous type of Business:		New type of Business:	
Building/Project/Shopping Center Name:			
Premise Address:			Number of floors being used:
Proposed Use/Group:		Presently Occupied: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Restrooms:
This application meets #2 of the JOE Policy requirements for: (Check only one box) <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2			
Number of projected occupants:		Square footage per floor:	
Applicant Address:		E-mail address:	
Applicant's Phone #:		Cell #:	Fax #:
Applicant's Name (Print):		Applicant's Signature:	
		Date:	
Contact Person's Name:		Contact's Phone #:	Cell #:

Permit Staff Use Only			
Date Received:		Received by:	
ZPA Number: ZPA20		Occupancy (Occ) Permit Copy Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Files Found: <input type="checkbox"/> Yes <input type="checkbox"/> No (before 2000 not included)			
Outstanding Permit Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No Outstanding Inspection Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No		Issues are <input type="checkbox"/> No Issues <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Attached Issues are <input type="checkbox"/> No Issues <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Attached	
Change of Use/Group is approved per policy: <input type="checkbox"/> Yes <input type="checkbox"/> No From ____ To ____			
<input type="checkbox"/> Occupancy Permit letter issued to applicant per Level 1 in JOE Policy			
Building Code Enforcement & Fire Marshal's Office Staff Use Only			
Scheduled Inspection Date:		Scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No Person Contacted:	
Mixed Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Use/Group(s): ____, ____, __		Const Type: Code Year: Actual Occ Load:	
BCE Inspector Signature:		Date of Approval:	
<u>Check Appropriate Boxes for items identified in Structure:</u> <input type="checkbox"/> Fire Suppression, <input type="checkbox"/> Standpipe, <input type="checkbox"/> Fire Alarm, <input type="checkbox"/> Kitchen hood, <input type="checkbox"/> CO2, <input type="checkbox"/> Smoke Control, <input type="checkbox"/> Fire Pump, <input type="checkbox"/> Halon/Clean Agents, <input type="checkbox"/> Emerg. Gen., <input type="checkbox"/> Smoke/heat vent, Spec. <input type="checkbox"/> Hazards, <input type="checkbox"/> Fire Alarm Monitored			
24 HR Emergency Contact 1 Phone #		Name:	
24 HR Emergency Contact 2 Phone #		Name:	
FMO Inspector Signature:		Date of Approval:	
Applicant Present for Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No or Name of Agent:			
Is Applicant's Information Correct? <input type="checkbox"/> Yes <input type="checkbox"/> No		Changes noted in Tidemark? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Okay to Issue Occupancy Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is TLO Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	