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)

☐ (SP) Building (Attach required paperwork/ photos per policy #1.13.7)

☐ Water Heater (Tankless) (Attach vent certification per policy #4.4.4)

☐ Gas Dryer

☐ (SP) Electrical (Attach required paperwork/ photos per policy #1.13.7)

☐ Water Heater (Tank Type) (Attach vent certification per policy #4.4.4)

☐ Gas Range/Oven/Cooktop

☐ Car Charger (Attach required paperwork/ photos per policy #3.3.1)

☐ Gas Furnace/Air Conditioning (Attach vent certification per policy #4.4.4)

☐ Gas Logs

☐ Replacement of Interior Water Pipes

☐ Gas appliance (Other)_____

☐ Water Heater ☐ Electric   ****☐ Air Conditioning or Heat Pump
**☐ Furnace ☐ Electric
**☐ Range/Oven ☐ 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:_____