



Joint Occupancy Evaluation (JOE)
Permit Application

Version 2023-3-27

<i>Staff Use Only</i>	
Case #	_____
Fee \$	_____
Rept. # 20	_____

NEW OCCUPANT INFORMATION	
APPLICANT INFORMATION IS REQUIRED PRIOR TO SUBMITTING APPLICATION	
(You can electronically submit your Application, Address Validation and Zoning to BDDPERMITS@PWCVA.GOV)	
(PLEASE COMPLETE YOUR FORM, TYPE OR PRINT CLEARLY IN INK, AND SIGN THE FORM)	
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"/> By checking this box, I agree to electronically signing this form.	
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
Mixed Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Use Groups: ____, ____, ____	Const Type:	Code Year: Calc. Occ Load:
Project eligible for JOE Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>
Change of Use is Approved per Policy: From ____ To ____	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): /	
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	
Mixed Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Use Groups: ____, ____, ____	Const Type:	Code Year: Calc. Occ Load:
Change of Use is Approved per Policy: From ____ To ____	Applicant Present: <input type="checkbox"/> Yes <input type="checkbox"/> No or Name of Agent:	
Information provided verified by Building Code Enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
BCE Inspector Signature:		Date:
FMO Inspector Signature:		Date: