



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

**JOINT OCCUPANCY EVALUATION (JOE)**  
**PERMIT APPLICATION (Commercial)**

Version 2015-11-12

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

<b>NEW OCCUPANT INFORMATION</b>	
<b>APPLICANT INFORMATION IS REQUIRED PRIOR TO SUBMITTING APPLICATION</b> (You will be notified if your application is approved or denied for inspection within 5 business days) <b>(PLEASE TYPE OR PRINT CLEARLY IN INK AND FILL IN ALL BLANK SPACES)</b>	
Previous Business Name:	Proposed Business Name:
Previous type of Business:	Proposed type of Business:
Premise Address:	
Proposed Building Use Classification:	Square footage per floor:
Number of floors:	Number of Restrooms:
Applicant Name:	Applicant Phone:
Applicant Address:	
Applicant E-mail:	Date:
Contact Name:	Contact Phone:
Applicant Signature - I have read <a href="#">Policy 2.4 (JOE) Program</a> :	

<i>Permit Staff Use Only</i>		
Date Received:	Received by:	Occupancy (Occ) Permit Copy Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
ZNA#: ZNA20 _____	ADR#: ADR20 _____	Street Files Found: <input type="checkbox"/> Yes <input type="checkbox"/> No (before 2000 not included)
<b>Outstanding Permit Issues:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Issues are <input type="checkbox"/> N/A <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Attached	
<b>Outstanding Inspection Issues:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Issues are <input type="checkbox"/> N/A <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Attached	
Project eligible for Level I per Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupancy Letter issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit Tech Signature:	QC approved for Level II: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Building Code Enforcement &amp; Fire Marshal's Office Staff Use Only</i>		
Project eligible for Level II per Policy : <input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use is approved per Policy: From ____ To ____	
Meeting Required : <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Date(s): _____ / _____	
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 EnerGov: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Issue Certificate of Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is TLO Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	