



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

LIMITED SERVICE PERMIT
Certification of Compliance

Version 2014-10-19

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 |
|--|--|
| Name: _____ | Name: _____ |
| Address: _____ | Site Address: _____ |
| Phone #: _____ | Phone #: _____ |
| State Lic. #: _____ Class: _____ | Owner Address (If Different From Site): |
| Prince William Lic. #: _____ | _____ |
| Master Tradesman: _____ | _____ |
| Certificate #: _____ | _____ |

Date Work Performed: _____

Staff Use Only

Permit Number: _____

Date Issued: _____

The following appliance, equipment and/or material was installed, replaced or repaired: Check all that apply.

| Building Permit Required | |
|--|--|
| <input type="checkbox"/> Re-shingle roof (not to include FRT replacement) and comply with IRC Ice Damming Requirements | <input type="checkbox"/> Reline existing masonry chimney <input type="checkbox"/> Aluminum/Vinyl Siding |

| Residential Limited Service Permit Required | | |
|---|---|--|
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Smoke Detector | <input type="checkbox"/> Water Treatment Equipment |
| <input type="checkbox"/> Trash Compaction | <input type="checkbox"/> Electrostatic Air Filter | <input type="checkbox"/> Lawn Irrigation (Backflow Device) |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Post Light (electric only) | <input type="checkbox"/> Water Service |
| <input type="checkbox"/> Humidifier | <input type="checkbox"/> Sundeck/external stairway lighting | <input type="checkbox"/> Well Pump (replacement only) |
| <input type="checkbox"/> Icemaker | <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Sewer Line |
| <input type="checkbox"/> Lighting Fixture (one only) | <input type="checkbox"/> Exhaust Fan | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Electrical Circuit with one receptacle | <input type="checkbox"/> Attic Fan/Whole House Fan | |

| | | | |
|--|-----------------------------------|------------------------------|--|
| ** <input type="checkbox"/> Water Heater | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil | ** <input type="checkbox"/> Air Conditioning or Heat Pump |
| ** <input type="checkbox"/> Furnace | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil | ** <input type="checkbox"/> Wood Stove Insert |
| ** <input type="checkbox"/> Range/Oven | <input type="checkbox"/> Electric | | ** <input type="checkbox"/> Prefabricated Fireplace w/Chimney (Note: Exterior enclosures for prefab or wood stove chimneys require building permit.) |

****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:** _____