



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

LIMITED SERVICE PERMIT
Certification of Compliance

Version 2022-05-01

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 #: _____ | _____ |

Date Work Performed: _____

Permit Number: _____

Date Issued: _____

| Residential Limited Service Permit Required (Check Box to all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Attic Fan/Whole House Fan | <input type="checkbox"/> Icemaker | <input type="checkbox"/> Trash Compaction |
| <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Lighting Fixture (one only) | <input type="checkbox"/> Water Service (replacement only) |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Post Light (electric only) | <input type="checkbox"/> Water Treatment Equipment |
| <input type="checkbox"/> Electrostatic Air Filter | <input type="checkbox"/> Smoke Detector | <input type="checkbox"/> Well Pump (replacement only) |
| <input type="checkbox"/> Exhaust Fan | <input type="checkbox"/> Sump Pump | <input type="checkbox"/> 15-20 Amp Circuit with one receptacle/Fixture |
| <input type="checkbox"/> Exterior stairway lighting | | |
| <input type="checkbox"/> Garbage Disposal | | |
| <input type="checkbox"/> Humidifier | | |
| ** <input type="checkbox"/> Water Heater | <input type="checkbox"/> Electric | ** <input type="checkbox"/> Air Conditioning or Heat Pump |
| ** <input type="checkbox"/> Furnace | <input type="checkbox"/> Electric | |
| ** <input type="checkbox"/> Range/Oven | <input type="checkbox"/> 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:** _____

By checking this box, I agree to electronically signing this form.

Staff Use Only

Accepted Rejected

By: _____ **Date:** _____