

**Commercial Interior Alterations
Town of Herndon – Building Inspections**

777 Lynn Street 2nd Floor, Herndon, VA 20170

Telephone (703) 435-6850

[E-Mail: buildinginspections@herndon-va.gov](mailto:buildinginspections@herndon-va.gov)



All items on this checklist must be included with this application. If not, the application will be returned and the applicant will be required to reapply.

Completed building permit application

State Contractors License OR Owners Affidavit

ADA Form

Asbestos Statement (if property was built prior to 1985)

Complete set of plans, to include all trades, pre-approved by the Fairfax County Fire Marshal and Fairfax County Health Department (if applicable)

Review Process

- STEP 1.** Have plans reviewed and approved by Fairfax County Fire Marshal & Health Department (if applicable)
- STEP 2.** Submit all required documents (check list above) by emailing: buildinginspections@herndon-va.gov

* Town of Herndon review time is approximately four weeks
- STEP 3.** You will be notified by email once the application has been approved and is ready for payment.
- STEP 4.** Once you have made payment, and responded to the email with the confirmation number, your permit and approved plans will be emailed to you.
- STEP 5.** Begin Work
- STEP 6.** Schedule inspections one business day in advance by emailing: buildinginspections@herndon-va.gov. Be sure to include the information below in your request:
 - Permit Number
 - Contractor Name
 - Type of Inspection
 - Type of Permit (building, mechanical, electrical, plumbing)
 - Job Address
 - AM or PM
 - Telephone Number of person on site
 - Virtual inspection: FaceTime or Google

Building Permit Application

777 Lynn Street, 2nd Floor

Herndon, VA 20170

703-435-6850

buildinginspections@herndon-va.gov



Building Permit Number: _____

JOB LOCATION

Street Address: _____ Lot #: _____

Floor #: _____ Suite #: _____ Phase #: _____ *Tenant Name: _____

* All new tenants within the Town of Herndon are required to obtain a Town of Herndon Business License. If you have not done so, contact the Department of Community Development to begin the licensing process. Community Development can be reached at community.development@herndon-va.gov or 703-787-7380.

OWNER INFORMATION

Name: _____ Owner _____ Tenant _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

ARCHITECT/ENGINEER

Name: _____ Architect: _____ Engineer: _____

Address: _____ Phone#: _____

City: _____ State: _____ Zip: _____

License #: _____ Expiration Date: _____

** CONTRACTOR

Name: _____ Phone #: _____

State: _____ Zip: _____ License Classification: _____

License#: _____ Expiration Date: _____ Designation: _____

**Contractors who do over \$25k dollars worth of work a year within the Town of Herndon are required to obtain a Town of Herndon Business License. If you meet this criteria please contact our Finance Department at 703-435-6813 to begin the licensing process. Please be aware that your permit application will not be reviewed until a license is obtained.

APPLICANT

Name: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

TYPE OF WORK

Residential	Addition	Demo Interior	Describe Work: _____
Commercial	Alteration	Demo Structure	
Demo Accessory Structure			

ADDITIONAL INFORMATION

Est. Construction Cost: \$ _____ # Bedrooms _____ # Non-Sleeping Rooms: _____ # Stories: _____

Square Footage of Job: _____ # Bathrooms _____ Height of New Structure: _____ Roof Type: _____

USBC Code Year: _____ # Kitchens _____ Construction Type: _____ Garage: _____

Basement Finished: _____ Meter Size: _____ Footprint Sq. Ft. _____ Model: _____

Lien Agent: _____ Phone #: _____

Address: _____ State: _____ Zip Code: _____

Sign Dimensions: _____ Wall Mounted: _____ Free Standing: _____

COMMERCIAL WORK ONLY

If the base building permit was issued before January 1, 1985 you will need to submit an asbestos statement

Existing Bldg Compliance Method: _____ Prescriptive (IBC) _____ Performance _____ Work Area (Level 1-Level 2-Level 3) _____

SIGNATURE

I hereby certify that I have authority to make this application, the information is complete and correct, and the construction and use will conform to the building code, zoning ordinance and other applicable laws and regulations which relate to the property.

Signature of Owner or Agent: _____ Date: _____

Printed Name: _____ Title: _____

Accessibility Compliance Form (ADA)

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E-Mail: buildinginspections@herndon-va.gov



IMPORTANT: Level of compliance – Occupancy is contingent upon an accurate assessment of the space and compliance with the requirements of the 2012 International Building Code (IBC) and the 2009 ICC/ANSI A117.

Project Name: _____

Project Address: _____

LEVEL OF COMPLIANCE: Note that the level of compliance fields are intended for the Owner or the Designer to fill. Failure to comply with this requirement would result in the delay of the review process. Please read carefully and check the box that applies.

1.	<p>The accessible route, from the accessible parking to the altered space, including the restrooms and drinking fountains serving that space, is in full compliance with the accessible requirements of the Virginia Uniform Statewide Building Code.</p> <p style="text-align: center;"><small>If this box (1) is checked, sufficient details must be included or attached to the set to show compliance.</small></p>		
2.	<p>Alteration is not to a primary function area.</p>		
3.	<p>Improvement to the accessible route will provide full compliance with the accessibility requirements of the Virginia Uniform Statewide Building Code, and will include upgrading of the following items:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
4.	<p>The cost of providing a fully compliant route exceeds 20% of the cost of the proposed alterations; including mechanical, electrical and plumbing costs (see IBC section 3409.7). Accordingly compliance will only be provided up to the 20% limit and will include upgrading the following items: (the accessible route includes any restrooms and drinking fountains that serve the primary function area.)</p> <table border="1" style="width: 100%;"><tr><td style="width: 50%;">Est. cost of Alterations: \$</td><td style="width: 50%;">Est. cost of improving accessibility: \$</td></tr></table> <p>_____</p> <p>_____</p> <p>_____</p>	Est. cost of Alterations: \$	Est. cost of improving accessibility: \$
Est. cost of Alterations: \$	Est. cost of improving accessibility: \$		

CERTIFICATION: I hereby certify as the designer/owner of the above mentioned project, that I have the authority to make the foregoing application, that the application is correct, and that the construction documents and the accessible route will conform to the current adopted Virginia Uniform Statewide Building Code.

Name (print)	Title (owner, agent, etc)	Signature	Date
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Asbestos Statement
Town of Herndon – Building Inspections

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According to Section 36-99.7 of the Code of Virginia no building permit shall be issued allowing a building for which the initial building permit was issued before January 1, 1985, to be renovated or demolished until the building department receives certification from the owner or his agent that the affected portions of the building have been inspected for the presence of asbestos by an individual licensed to perform such inspections pursuant to section 54.1 – 50.3 and that no asbestos containing material were found or that appropriate response action will be under taken in accordance with the requirements of the Clean Air Act National Emission Standards for the Hazardous Air Pollutant (NESEAPS) (40 CFR.61, Subpart M) and the asbestos worker protection requirements established by the US occupational Safety and Health Administration for construction workers (29 CFR 1926.1101).

To meet this requirement fill out the following information:

Owner(s)_____

Address_____

As owner, or agent of the above building I certify that: The above building is a single family dwelling, or is a residential housing building containing four or fewer units, and is exempt from asbestos inspection requirements (Note: this exemption does not apply if the proposed renovation or demolition is for commercial or public development purposes); or

The combined amount of regulated asbestos-containing materials involved in the renovation or demolition is less than 260 linear feet on pipes, or less than 460 square feet on other facility components, or less than 35 cubic feet off facility components where length or area could not be measured previously, and is exempt from asbestos inspection requirements.

If neither box above has been checked, and if the application is for repair or replacement of roofing, floor covering, or siding materials and the use is not a school; asbestos inspection may be satisfied by checking one of the two following boxes:

The materials to be repaired or replaced are assumed to contain asbestos and that appropriate response actions will be accomplished by a licensed asbestos contractor or a licensed RFS contractor; or

An inspection of the materials to be removed or replaced was accomplished by an RFS inspector and an analysis of the sample showed no asbestos to be present.

If none of the four boxes above have been checked, one of the remaining two must be checked in order to complete this form.

The affected area of the above building to be renovated or demolished has been inspected for the presence of asbestos by an individual licensed to perform such inspection and that no asbestos-containing materials were found; or

Asbestos-containing materials in the affected area of the building to be renovated or demolished will be subject to appropriate response actions in accordance with all applicable laws relating to asbestos abatement including permits.

(Signature of Owner or Agent)

(Date)

(Printed Name)

(Title)