



COUNTY OF LOUISA

DEPARTMENT OF COMMUNITY DEVELOPMENT

Phone (540) 967-3430 Fax (540) 967-3486

www.Louisacounty.com

1 Woolfolk Avenue
P.O. Box 160
Louisa, Virginia 23093

Amusement Devices Permit Package



Table of Contents:

| | |
|---|--------|
| Permit Application Instructions / Submittal Requirements / Schedule of Fees | Page 1 |
| Development Permit Application | Page 2 |
| Owner/Agent Affidavit | Page 3 |
| Zoning Approval / Building Approval | Page 4 |



COUNTY OF LOUISA

DEPARTMENT OF COMMUNITY DEVELOPMENT

Phone (540) 967-3430 Fax (540) 967-3486

www.Louisacounty.com

1 Woolfolk Avenue
P.O. Box 160
Louisa, Virginia 23093

**Permit Application Instructions
Amusement Devices**

Permit Application Instructions

- All areas of this packet must be completed; all forms and items required for submittal must be complete prior to application being accepted.
- Items required for permit submittal are identified below.

Permit Review Process

Once all required submittals are completed and submitted, review steps are as follows:

1. Submittal Review – Verification that all required submittals are present and completed properly
2. Zoning Review – Ensures the project is taking place within the allowed areas of zoning district
3. Building Review – Comprehensive review of required certifications and insurance will be completed to ensure all safety elements are identified and will meet all current codes.
4. Final Review – Ensures all requirements have been satisfied.
5. Permit Issuance – Community Development staff will inform primary contact when permit is ready for issuance. All fee balances are due at permit issuance.

Inspection Requirements - SAME-DAY INSPECTIONS ARE NOT AVAILABLE

**Submittal Requirements
Amusement Devices**

INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED

Required forms and submittals provided by applicant or applicant’s agent:

- Owner/Agent Affidavit** – signed by both the property owner and a representative of the amusement device company
- Certificate of Liability Insurance**
- Certificate of Flame-Resistant Material**
- Type and Year of Manufacture of All Rides**

**Schedule of Fees
Amusement Devices**

FEES DUE AT PERMIT ISSUANCE

- Amusement Devices Permit \$100.00



COUNTY OF LOUISA

DEPARTMENT OF COMMUNITY DEVELOPMENT

Phone (540) 967-3430 Fax (540) 967-3486

www.Louisacounty.com

1 Woolfolk Avenue

P.O. Box 160

Louisa, Virginia 23093

**Development Permit Application
Amusement Devices**

Contact Information

| | |
|----------------------------|----------------|
| Property Owner: _____ | Phone #: _____ |
| Address: _____ | Email: _____ |
| City, State, Zip: _____ | |
| Amusement Device Co: _____ | Phone #: _____ |
| Address: _____ | Email: _____ |
| City, State, Zip: _____ | |

Project Location and Property Information Details

| | |
|---|-----------------------------|
| Property Address (if applicable): _____ | |
| Tax Map #: _____ | Magisterial District: _____ |
| Zoning District: _____ | Subdivision: _____ |
| Directions to property from County Office Building: | |
| _____ | |
| _____ | |

I declare that the statements made and the information given on this application are true, full, and correct to the best of my knowledge and belief, and I agree to conform to all Zoning and Building Regulations. I give my permission for County staff to enter onto this property for appropriate inspections. I also acknowledge the comments made by the Zoning Administrator or designated agent and the setback requirements stated on this form and/or permit. I further understand that an authorized agent of Louisa County may require a foundation survey or setback certification for compliance at any time during the construction process or prior to issuance of a Certificate of Occupancy.

Acknowledged By (print): _____ Date: _____

Signature of Owner or Authorized Agent: _____



COUNTY OF LOUISA

DEPARTMENT OF COMMUNITY DEVELOPMENT

Phone (540) 967-3430 Fax (540) 967-3486

www.Louisacounty.com

1 Woolfolk Avenue
P.O. Box 160
Louisa, Virginia 23093

**Owner/Agent Affidavit
Amusement Devices**

Owner/Agent Affidavit- The property owner has hired a contractor to perform work for this project. Contractor information will be verified.

I hereby certify that I/we, owner(s) of record, authorize the below referenced person/contractor/RDP to submit this application as my/our authorized agent.

Owner(s) Name: _____

Address or Tax Map #: _____

Signature of Owner(s): _____

Contractor

Contractor/Company/Agent Name: _____

Virginia Contractor's License #: _____

License designation(s), e.g. CBC/RBC/ELE: _____

Expiration Date: _____

Signature of Contractor/Agent: _____



COUNTY OF LOUISA

DEPARTMENT OF COMMUNITY DEVELOPMENT

Phone (540) 967-3430 Fax (540) 967-3486

www.Louisacounty.com

1 Woolfolk Avenue

P.O. Box 160

Louisa, Virginia 23093

Zoning Approval & Requirements
Amusement Devices
Staff Use Only

Zoning Permit # _____ Building Permit # _____

Approved by Zoning Administrator or

Designated Agent: _____ Date: _____

Approved by Building Official or

Designated Agent: _____ Date: _____

Comments: _____

