



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

Change of Use Permit Package



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Permit Application Instructions / Submittal Requirements

Change of Use

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 submittals 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

1. Final Inspection

Submittal Requirements

Change of Use

INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED

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

- Owner/Agent Affidavit or Contractor License Exemption Form
- Plat
- Floor plan (with use of spaces labeled)

Schedule of Fees

Change of Use

FEES DUE AT PERMIT ISSUANCE

The below fee’s include the 2% state tax

- Residential Change of Use \$25.50
- Commercial Change of Use \$102.00



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**Development Permit Application
Change of Use**

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: _____



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Contractor Information Sheet
Change of Use

Fill out either the Contractor License Exemption OR Owner/Agent Affidavit

Contractor License Exemption- The property owner will be acting as the contractor and is responsible for work performed onsite.

I affirm that I am the owner of a certain tract or parcel of land listed below and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of §54.1-1111 and §54.1-1101 of the Code of Virginia and I am not a contractor or subcontractor.

Owner(s) Name: _____

Address or Tax Map #: _____

Signature of Owner(s): _____

Notice: Per §54.1-1101, Exemptions: *The property owner of a commercial, industrial, or manufacturing facility is only allowed this exemption for repairs or improvements to the existing structure(s). New structures, including additions are not included in this exemption. The property owner shall be a properly licensed contractor or employ a properly licensed contractor per §54.1-1103 of the Code of Virginia.*

- OR -

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: _____



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Zoning Approval & Requirements

Change of Use

Staff Use Only

Zoning Permit # _____ Building Permit # _____

Approved by Zoning Administrator or

Designated Agent: _____ Date: _____

Approved by Building Official or

Designated Agent: _____ Date: _____

Comments: _____
