



Certificate of Occupancy Application for State-Regulated Residential Facilities

1. Property Information (to be completed by the property owner)

- **Property Owner Name:** _____
- **Site Address:** _____
- **Phone Number:** _____ **Email:** _____
- **How many individuals will be cared for at this location?** _____
- **Will Emergency Assistance be required?** ☐ Yes ☐ No
- **Applicant Name:** _____ (If Applicable)

2. License Information (choose the option that applies to you)

☐ **I already have a license** with one of the following agencies (attach a copy):

- Department of Social Services (DSS)
- Department of Behavioral Health and Human Services (DBHHS)
- Department of Education (DOE)

☐ **I will be sponsored** under another company's license (attach a copy of their license and a sponsor confirmation letter).

☐ **I have applied for a license** for Residential Assistant Home Care with:

- Virginia Department of Social Services, or
- DBHHS (attach a copy of your application).

☐ **I have applied for a license** for a home daycare with the Virginia Department of Education (attach a copy of your application).

3. Required Documents Checklist

Please include the following with your application:

- ☐ Completed Certificate of Occupancy Application (this form)
- ☐ Copy of current license, sponsor's license, or proof of application
- ☐ Floor plan of the facility (showing rooms, exits, and key features)
- ☐ Any additional documents required by your licensing agency
- ☐ City of Hampton Business License

Incomplete applications may delay processing.



4. Certification (This section must be notarized)

I certify that the information provided is true and complete to the best of my knowledge.

Property Owner Signature: _____ **Date:** _____

Or Authorized Agent: _____ **Date:** _____

(Must complete agent authorized form, see page 4)

State of _____

City/County of _____ to wit:

I the undersigned Notary Public for the aforesaid jurisdiction, do hereby certify that _____, owner of the property described in this Affidavit and whose name is signed to the foregoing Affidavit, has appeared before me on this ____ day of _____ 20__ and acknowledge the same as true and correct.

Notary Public

My Commission Expires: _____

For Office Use Only

- **Building Permit #:** _____



PLAN REVIEW AND BUILDING PERMIT INSPECTION CHECKLIST

Customer must have a layout of the dwelling showing location of occupants, exits, smoke detectors, fire extinguisher, and bedroom sizes noted. Dwelling shall not be occupied by more occupants than permitted by minimum area requirements set forth in the Virginia Maintenance Code, Section 404.5 and 404.4.1.

404.4.1 Room area. Every living room shall contain not less than 120 square feet (11.2 m²) and every bedroom shall contain not less than 70 square feet (6.5 m²) and every bedroom occupied by more than one person shall contain not less than 50 square feet (4.6 m²) of floor area for each occupant thereof.

Inspection Required

☐ **Final building inspection** – Building Inspector will check for all safety measures such as: exit doors, fire extinguisher, smoke detectors, and CO2 detectors as required.



AGENT AUTHORIZATION FORM

If the permit/application is to be signed by anyone other than the property owner(s), this letter must be signed by **all** property owners (attach additional pages if needed).

The undersigned, owner(s) of certain property located in the City of Hampton, briefly described as (address) _____ (the "Property") has (have) authorized _____ to act as agent on my/our behalf to acquire a permit and to execute all related documents and agreements, including but not limited to agreements permitting entry upon the Property by agents of the City. The property owner(s) retain responsibility to ensure compliance with the Code of the City of Hampton relative to the issued permit.

(Signature of Property Owner) (Printed Name of Property Owner) (Date)

STATE OF _____:
CITY OF _____, to wit:

I hereby certify on this _____ day of _____, 20____, that _____ (name), _____ (title) of _____ (property address) executed the foregoing Authorization Form before me. He/She is known to me personally or provided _____ as identification.

Notary Public

Registration No.: _____
My Commission Expires: _____

* * * * *

(Signature of Property Owner) (Printed Name of Property Owner) (Date)

STATE OF _____:
CITY OF _____, to wit:

I hereby certify on this _____ day of _____, 20____, that _____ (name), _____ (title) of _____ (property address) executed the foregoing Authorization Form before me. He/She is known to me personally or provided _____ as identification.

Notary Public

Registration No.: _____
My Commission Expires: _____