



COUNTY OF HENRICO, VIRGINIA

DEPARTMENT OF
BUILDING CONSTRUCTION AND INSPECTIONS
4301 E. PARHAM ROAD * HENRICO, VA 23228
P.O. BOX 90775 * HENRICO, VA 23273-0775
www.co.henrico.va.us/bldg
PHONE (804) 501-4360 * FAX (804) 501-4984

AFFIDAVIT FOR ALTERATIONS TO EXISTING BUILDING

DATE

BUILDING NAME

BUILDING ADDRESS

ASBESTOS CERTIFICATION

In accordance with the Virginia Uniform State-wide Building Code, I certify that those portions of the above building which will be affected by the proposed work have been inspected for asbestos as required by Section 36-99.7 of the Code of Virginia, and that any response actions to be undertaken will comply with the NESHAP "Clean Air Act" and OSHA Standards for Construction Workers. If exempt, check reason:

_____ The building is a single family dwelling.

_____ The building is residential housing consisting of four or fewer dwelling units.

_____ The Permit for the initial construction of the building was issued after January 1, 1985.

_____ The combined asbestos-containing material is less than 260 linear feet on pipes, less than 160 square feet on other facility components, or less than 35 cubic feet off facility components where the length or area can not be measured.

I also certify that any asbestos abatement area will not be reoccupied until all response actions have been completed and final air monitoring clearances have been measured and approved.

SIGNATURE OF OWNER OR AGENT

PRINTED NAME

ACCESSIBILITY CERTIFICATION

Pursuant to the requirements of the Virginia Uniform Statewide Building Code, I hereby certify, as the applicant for a building permit to perform alterations at the above location, that: (check one)

_____ The plans included with this application provide the required accessible route to the primary function area which includes toilet facilities and drinking fountains.

_____ For alterations affecting an area of primary function, please list the elements associated with providing the required accessible route. The costs of providing the accessible route are not required to exceed 20% of the costs of the alterations affecting the area of primary function.

1. _____
2. _____
3. _____
4. _____

_____ The proposed alterations do not obligate me to provide an accessible route to the altered area. (State reason):

SIGNATURE OF OWNER OR AGENT

PRINTED NAME