

Address Validation Form



Address Validation is the first step in the permitting process for all commercial projects, including alteration & repairs in Prince William County. In order to obtain an Address Validation, the Geospatial Technology Services (GTS) Office requires specific information. Please complete the appropriate sections including questions that pertain to your scope of work that applies to your request. Failure to complete the requirements may result in a delay to your project. **The following sections are required in order to process the Address Validation:**

1. **Provide Site Address(es) or GPIN(s)**
2. **Provide Contact information for persons associated with this project.**
3. **Scope of work being performed** – Please select **only** the appropriate category that pertains to your Address Validation Request: New Tenant, Commercial Name Change/New Ownership of an Existing Business, Temporary Construction/ Office Trailer, Alteration/Repair, New Structure, Unoccupied Structure Features.
4. Upon completion of the requirements listed above, please email the form and all necessary documents to pwcmaps@pwcva.gov .

For questions regarding the address validation process, please contact PWC GTS: (703)792-6840 or pwcmaps@pwcva.gov.

1. List all site address(es) or GPIN(s) associated with the project (Location of work being performed or Tenant Occupancy for Business License):

- _____
- _____
- _____
- _____

2. Contact Information (Please check only one box for primary person/business):

Primary Tenant Contact Information <input type="checkbox"/>	Architect/Contractor/Engineer Information <input type="checkbox"/>
Business Name:	Company Name:
Contact Name:	Contact Name:
Position/Title:	Position/Tile:
Phone #:	Phone #:
Mailing Address:	Mailing Address:
Email Address:	Email Address:
Property Owner Information <input type="checkbox"/>	Other Information <input type="checkbox"/>
Company Name:	Company Name:
Contact Name:	Contact Name:
Position/Title:	Position/Title:
Phone #:	Phone #:
Mailing Address:	Mailing Address:
Email Address:	Email Address:

Note: All contacts listed with a valid email address will receive a copy of the address validation.

3. Below, please check and complete the appropriate box for your request:

(New Tenant, Commercial Name Change/New Ownership Only, Temporary Construction/Office Trailer, Alteration/Repair, New Structure, or Unoccupied Structure Address)

New Tenant

Business Name (Include all registered names such as Corporations, LLC's & Trade Names, D/B/A or T/A if applicable) _____

Complete if applicable:

Sublease - If yes, who is the Primary Tenant? _____

Multiple Spaces - List each Tenant Space: _____

Which address is the main/mailing address? _____

If plans are required as part of a tenant layout, the cover page and relevant layout pages must be included.

Commercial Name Change/New Ownership of an Existing Business

Business Name Change or New Ownership of an existing business

Previous Business Name/Ownership: _____

New Business Name/Ownership: _____

Temporary Construction/Office Trailer(s)

Number of Trailers: _____ Construction or Office Trailer: _____ Size of Trailer: _____

Construction Company Name: _____

Please indicate the location of the trailer(s) with the dimensions on the site plan. If trailers are for more than one contractor please also indicate which company is with which trailer on the plan.

Alteration/Repair

Briefly explain the work being performed: _____

Interior Complete if applicable: Unit Downsize

Exterior Unit Expansion

Interior and Exterior If a Unit Expansion, what address(es) will you be expanding into?

If plans are required as part of the alt./repair, the cover page and relevant layout pages must be included.

New Structure

Number of floors: _____ Does this structure have a basement: _____ Square Footage: _____

Single Tenant Building Complete if applicable: Cold Dark Shell

Multi-Tenant Building White Box Shell

Please include the plan cover sheet, layout page, and any other relevant pages when submitting the form.

Unoccupied Structure Features (i.e. Freestanding Signs, Retaining Walls, etc.)

Type of Unoccupied Feature: _____ # of Unoccupied Feature(s): _____

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Please highlight the exact location of the feature(s) on a site plan or map and submit with the form.