

Virginia Department of Social Services  
REQUEST FOR BUILDING EVALUATION OR INSPECTION

**SECTION I (To be completed by applicant)**

\_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Telephone number)

\_\_\_\_\_  
(Applicant's Address)

I hereby request the building located at the following address be evaluated by the Building Official (and inspected if determined necessary by the Building Official) for compliance with the Virginia Uniform Statewide Building Code (VUSBC):

\_\_\_\_\_  
Building Address (provide complete address)

\_\_\_\_\_  
Building name or number

NOTE: If multiple buildings are used, please enter information for each building on a separate form.

I plan to use the building to operate the following:

Children's Residential Facility\*

Assisted Living Facility\*\*

Adult Day Center\*\*

\*For children's programs, specify the total number of children to be served: \_\_\_\_\_; and the number of children served who will be 2½ years of age or less: \_\_\_\_\_.

\*\* For adult programs, specify the total number of adults to be served: \_\_\_\_\_; and the maximum number of adults who at any given time will not be capable of self-preservation (non-ambulatory): \_\_\_\_\_.

I will bear any associated costs incurred.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**SECTION II (To be completed by the Building Official)**

The VUSBC Group Classification  
required for the use indicated above: \_\_\_\_\_

Maximum Occupancy Load  
(including staff): \_\_\_\_\_ ( \_\_\_\_\_ non-ambulatory)

The building identified above has been evaluated based on the information provided and inspected, if necessary, and is determined to be properly classified under the VUSBC for the indicated use and number of occupants.

Comments (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Building Official: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Building Official

\_\_\_\_\_  
Telephone Number