

# RETAINING WALL

## County of Stafford

Department of Public Works  
PO Box 339  
1300 Courthouse Rd.  
Stafford, Virginia  
22555-0339  
(540) 658-8650  
www.co.stafford.va.us



RECEIVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_  
R/E TAXES CURRENT: \_\_\_\_\_

A/P: \_\_\_\_\_

PARENT A/P: \_\_\_\_\_

### JOB LOCATION

STREET ADDRESS: \_\_\_\_\_  
TAX MAP #: \_\_\_\_\_ SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_

### CURRENT OWNER INFORMATION

NAME: \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BUILDING CONTRACTOR INFORMATION

SAME AS OWNER

CONTRACTOR/ COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PRINT NAME \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
VIRGINIA CONTRACTORS LICENSE #: \_\_\_\_\_  
LICENSE CLASS: \_\_\_\_\_ LICENSE DESIGNATION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

### APPLICANT INFORMATION

SAME AS CONTRACTOR  SAME AS OWNER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### TOTAL VALUATION

DECLARED PROJECT VALUE \$ \_\_\_\_\_  
(Total contract value)

CALCULATED PROJECT VALUE \$ \_\_\_\_\_  
(Per ICC)

### DESCRIPTION OF WORK

USBC EDITION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROJECT INFORMATION

**NOTE:** A SEPARATE PERMIT IS REQUIRED FOR EACH RETAINING WALL

LENGTH OF RETAINING WALL IN (LINEAL FEET): \_\_\_\_\_

HEIGHT OF RETAINING WALL: (FEET MINIMUM) \_\_\_\_\_ (FEET MAXIMUM) \_\_\_\_\_

MAXIMUM UNBALANCED FILL (FEET): \_\_\_\_\_

DOES THE PROPOSED WALL SUPPORT A SURCHARGE (BUILDING OR OTHER STRUCTURE)?  YES  NO

THIS PROPOSED WORK IS A:  PRESCRIPTIVE SYSTEM

### SPECIFY WALL TYPE

- MASONRY
- CONCRETE
- SEGMENTAL
- WOOD/ TIMBER
- OTHER

ENGINEERED DESIGN

**IRC 2009 R 404.4 Retaining Walls.** Retaining walls not laterally supported at the top and retain in excess of 24" of unbalanced fill shall be designed to ensure stability against overturning, sliding, excessive foundation pressure and water uplift.

PROPRIETARY SYSTEM

**NOTE:** If a proprietary wall system is proposed a complete manufacturers installation guide and an ICC NER report (or other nationally recognized listing agency) must accompany the application.

WALL IS TO BE CONSTRUCTED ON:  COMMERCIAL PROPERTY/ACROSS MULTIPLE RESIDENTIAL LOTS  
 RESIDENTIAL PROPERTY

**In accordance with VUSBC Statement of Special Inspections, this project type will require (In most cases) footing, wall, waterproofing, backfill, and final inspections. All retaining wall inspections must be performed by Stafford County approved 3<sup>rd</sup> party inspectors. For a list of approved 3<sup>rd</sup> party inspectors go to [www.co.stafford.va.us](http://www.co.stafford.va.us) or call (540)658-8650.**

## TIME LIMITATION OF APPLICATION

### 2009 Virginia Uniform Statewide Building Code 108.8

An application for a permit for any proposed work shall be deemed to have been abandoned six months after the date of filing unless such application has been pursued in good faith or a permit has been issued, except that the building official is authorized to grant one or more extensions of time if a justifiable cause is demonstrated.

APPLICANT INITIALS: \_\_\_\_\_

## APPLICANT AGREEMENT

All information on this form is part of the application and must be complied with. I hereby certify that I have authority to make this application, that the information is complete and correct and that the work performed and equipment installed will conform to the Virginia Uniform Statewide Building Code and other applicable laws and regulations which relate to the property.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ISSUANCE OF PLANS OR APPROVED DOCUMENTS (COMPLETE AT PERMIT ISSUANCE)

I have received county approved plans or documents.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## OFFICE USE ONLY