

AMUSEMENT DEVICE PERMIT APPLICATION

Roanoke County / Town of Vinton – Development Services
5204 Bernard Dr.
P.O. Box 29800 Phone: 540-772-2065
Roanoke, VA 24018 Fax: 540-772-2108

Date of Application: _____

Application # M-

DEVICE INFORMATION

Attached sheet must be filled in with all device names, serial numbers, and types

Date and Time of setup:

Date and Time of shutdown:

JOB SITE INFORMATION

Project name:

Job Address:

Secondary Job Address:

City/State/ZIP:

Tax map/parcel #:

Zoning:

PROPERTY _____

OWNER _____

Name:

Mailing address:

City/State/ZIP:

Phone : () Cell #: ()

APPLICANT OR AMUSEMENT COMPANY

Business name:

Applicant name:

Address:

City/State/ZIP:

Phone #: ()

Cell #: () E-mail:

County License #:

INSPECTION INFORMATION

Will there be a third-party inspector?

YES

NO

(If YES, fill in Block A, if NO Skip to Block B)

A. THIRD PARTY INSPECTOR INFO

Name:

Address:

City/State/ZIP:

Phone #: ()

Cell #: ()

B. ROANOKE COUNTY INSPECTOR INFO

Representative or owner to be contacted concerning inspections

Name:

Contact number:

Will an after-hours inspection be needed?

YES

NO

After hours inspections are done at the cost of \$75.00 per hour, with a 2-hr. minimum. These inspections are M-F after 5:00 PM and Sat. or Sun., by appointment only.

I hereby apply for a permit to operate amusement rides as prescribed by the provisions adopted under authority granted the Board of Housing and Community Development by the Uniform Statewide Building Code Law, Chapter 6, (Subsections 36-97 et. Seq.) of Title 36 of the code of Virginia, and the Virginia Amusement Device Regulations. Names of rides/devices are listed as an attachment to this application. The listed rides/devices are subject to inspection fees as prescribed by 13VAC 5-31-75 of the Virginia Amusement Device Regulations. All payments shall be made to Roanoke County.

Insurance - The owner shall submit proof of liability insurance of an amount not less than \$1,000,000 per occurrence or proof of equivalent financial responsibility status during the period of operation to be, or which is, authorized by the permit. Such proof shall be demonstrated by a bond or cash reserve, or a "Certificate of Insurance" issued by an insurance company authorized to do business in the Commonwealth of VA. The following information must be included on the certificate: (1) time and period of coverage; (2) Limits of the policy; (3) a 30 day cancellation notice; (4) Name of ride(s) insured. If the certificate covered all rides/devices operated by the insured, regardless of the number, the certificate must contain such a statement.

I hereby acknowledge that I have read this application and affirm that the statements made herein are true and correct to the best of my knowledge.

Signature

Date

<div>AMUSEMENT DEVICE PERMIT APPLICATION</div> <div>Application # M-</div> <div>SUPPLEMENT/ DEVICE LISTING</div> <div>Roanoke County / Town of Vinton - Development Services 5204 Bernard Dr. P.O. Box 29800 Phone: 540-772-2065 Roanoke, VA 24018 Fax: 540-772-2108</div> <div>1) Complete entire application form 2) Attach proof of financial responsibility for the minimum amount of \$1,000,000 for each occurrence (IE: bond, cash reserve or certificate or policy of insurance) 3) Submit all required forms and fees for processing. 4) Set up inspections as necessary</div> <table><tr><td colspan="2">JOB LOCATION:</td><td colspan="3"></td></tr><tr><td>Device Name</td><td>Manufacturer</td><td>Serial Number</td><td>Type 1.Kiddie 2. Circular 3. Spectacular</td><td>Fee Per Device (office use)</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					JOB LOCATION:					Device Name	Manufacturer	Serial Number	Type 1.Kiddie 2. Circular 3. Spectacular	Fee Per Device (office use)					
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