

AMUSEMENT DEVICE PERMIT APPLICATION

Roanoke County / Town of Vinton - Community Development
 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 13 VAC 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

AMUSEMENT DEVICE PERMIT APPLICATION SUPPLEMENT/ DEVICE LISTING

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- 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

| JOB LOCATION: | | | | |
|----------------------|---------------------|----------------------|--|------------------------------------|
| Device Name | Manufacturer | Serial Number | Type <small>1. Kiddie 2. Circular 3. Spectacular</small> | Fee Per Device (office use) |
| | | | | |