



COUNTY OF HENRICO, VIRGINIA  
 OFFICE OF  
 BUILDING CONSTRUCTION AND INSPECTIONS  
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 INSPECTION REQUEST: (804) 501-5490

## AFFIDAVIT FOR ALTERATIONS TO EXISTING BUILDING

DATE

BUILDING NAME AND ADDRESS

### ASBESTOS CERTIFICATION

In accordance with the Virginia Uniform Statewide Building Code, I

certify that those portions of the above building which will be affected by the proposed work have been inspected for asbestos as required by Section 36-99.7 of the Code of Virginia, and that any response actions to be undertaken will comply with the NESHAP "Clean Air Act" and OSHA Standards for Construction Workers. If exempt, check reason:

\_\_\_\_\_ The building is a single family dwelling.

\_\_\_\_\_ The building is residential housing consisting of four or fewer dwelling units.

\_\_\_\_\_ The combined asbestos-containing material is less than 260 linear feet on pipes, less than 160 square feet on other facility components, or less than 35 cubic feet off of facility components where the length or area could not be measured previously.

I also certify that any asbestos abatement area will not be reoccupied until all response actions have been completed and final air monitoring clearances have been measured.

\_\_\_\_\_  
 Signature of owner or agent

### ACCESSIBILITY CERTIFICATION

Pursuant to the requirements of the Virginia Uniform Statewide Building Code, I hereby certify, as the applicant for a building permit to perform alterations at the above location, that: (check one)

\_\_\_\_\_ The plans included with this application provide an accessible path of travel to the primary function area which includes toilet facilities and drinking fountains.

\_\_\_\_\_ At least 20% of the cost associated with altering the primary function space has been allocated to providing an accessible path of travel. Please list those accessible elements to be provided and the costs:

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

\_\_\_\_\_ The proposed alterations do not obligate me to provide an accessible path of travel to the altered area. (State reason):

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

\_\_\_\_\_  
 Signature of owner or agent