

Tazewell County, Virginia



Department of Building Safety
173 Main Street, Tazewell Virginia 24651
276-385-1215
Fax: 276-988-0811

Amusement Ride Application

Page: 1

Name of Amusement Company: _____

Office Telephone Number: _____ Fax Number: _____

Name of Person to Contact (Amusement Company): _____ Email: _____

Amusement Company Address: _____
(City) (State) (Zip)

Date of Opening: _____ Date of Closing: _____ Date of Requested Inspection _____

Application will need to be submitted to the Tazewell County Building Safety Department no less than five (5) business days before requested inspection date .

Name of Association: _____

Telephone Number: _____ Fax Number: _____

Contact person for Association: _____ Email: _____

Association Address: _____
(City) (State) (Zip)

Insurance Company Name: _____

Policy Number: _____ Amount of Coverage per Occurrence: \$ _____

Signed: _____ Date: _____

The Tazewell County Building Safety Department will require a copy of the Amusement Company insurance policy. This document will need to be submitted with this application.

Please turn over to the back of this application to provide additional information

Building Safety Office Use

Insurance Approved: (Y/N) _____

Permit Number: _____

Issued Permit: _____

Issued Date of Permit: _____

Do Not Issue permit: _____

Total Fee's \$ _____

Approval granted by: _____

