



# ZONING/BUILDING PERMIT APPLICATION

Permit # \_\_\_\_\_

**RESIDENTIAL** or **COMMERCIAL**

Division of Zoning & Development Services  
 Fauquier County Department of Community Development  
 29 Ashby Street, Suite 310, Warrenton, Virginia 20186

Building Phone: 540-422-8230  
 Zoning Phone: 540-422-8220  
 Facsimile: 540-422-8231

**Fill out all relevant sections COMPLETELY – Incomplete applications cannot be processed and will be returned****OWNER/PROPERTY INFORMATION:**
 Owner's Full Name: \_\_\_\_\_ Phone: (Day) \_\_\_\_\_  
Name must match record owner shown on recorded deed

Parcel Address: \_\_\_\_\_ Email: \_\_\_\_\_

Property Identification Number: \_\_\_\_\_ Acres: \_\_\_\_\_ Lot #: \_\_\_\_\_ of \_\_\_\_\_ Subdivision

**UTILITY INFORMATION:**

Water:	Septic/Sewer:	Electrical Service:
<input type="checkbox"/> Private <input type="checkbox"/> Public _____	<input type="checkbox"/> Private <input type="checkbox"/> Public _____	_____
<small>Name of Provider</small>	<small>Name of Provider</small>	<small>Amps</small> _____ <small>Name of Provider</small> _____
		<input type="checkbox"/> New Service <input type="checkbox"/> Existing Service

**MECHANIC'S LIEN AGENT:**

No Mechanic's Lien Agent Requested  Yes Mechanic's Lien Agent Requested  
 Mechanic's Lien Agent Name: \_\_\_\_\_  
 Address & Phone #: \_\_\_\_\_

**PROPOSED CONSTRUCTION INFORMATION:**

If proposed construction is residential, how many total bedrooms will exist upon completion of construction? \_\_\_\_\_  
 Height of proposed structure: \_\_\_\_\_ ft. (Note: Height measured from average finished grade) Number of Stories: \_\_\_\_\_  
 Building Code Used:  Virginia Residential Code, Year \_\_\_\_\_  Virginia Construction Code, Year \_\_\_\_\_

- Scope of Work:**
- New Building
  - Addition
  - Alteration
  - Gas
  - Electrical
  - Mechanical
  - Plumbing
  - Repair/Replacement
  - Change of Use
  - Moving Structure
  - Swimming Pool
  - Pond
  - Sign
  - Other \_\_\_\_\_

**DESCRIBE IN DETAIL THE PROPOSED WORK BEING DONE:** [Note: If use of building is being changed or if joint use is being added, enter all new proposed use(s) and also define existing use(s).]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Valuation of work: \$ \_\_\_\_\_ (Contract amount OR real estate value after completion)

RESIDENTIAL (Square Footage)			COMMERCIAL (Square Footage)		
Existing/New	Existing/New	Existing/New	Existing/New	Existing/New	Existing/New
____/____ 1 <sup>st</sup> floor	____/____ Garage Attached	____/____ Porch	____/____ 1 <sup>st</sup> floor	____/____ Porch	
____/____ 2 <sup>nd</sup> floor	____/____ Garage Detached	____/____ Deck	____/____ 2 <sup>nd</sup> floor	____/____ Deck	
____/____ 3 <sup>rd</sup> floor	____/____ Carport	____/____ Stoop	____/____ 3 <sup>rd</sup> floor	____/____ # Fireplace	
____/____ Basement Finished	____/____ Walk-Up	____/____ Pool	____/____ 4 <sup>th</sup> floor	____/____ Pool	
____/____ Basement Unfin.	____/____ LPG Tank	____/____ Shed	____/____ Other	____/____ Signs	
____/____ #LPG Fireplaces	<small>UST- AST / Gallons</small>	____/____ Other	____/____ Other	____/____ Other	
____/____ #Wood Fireplaces	____/____ #Oil Tank	____/____ <b>TOTAL</b>		____/____ <b>TOTAL</b>	

-Continued on next page-

**APPLICANT INFORMATION AND CERTIFICATION:**

**I hereby certify that:**

- I have read and examined this application and know the information provided is true and correct.
- I acknowledge that the granting of a permit does not presume to give authority to violate or cancel the provisions of any local or state law regulating construction or the performance of construction, and by applying for this permit I hereby agree to adhere to all County and State laws.
- I acknowledge that 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.
- I acknowledge that the Building/Zoning Official shall be permitted to revoke a permit if work on the site authorized by the permit is not commenced within six months after issuance of the permit, or if the authorized work on the site is suspended or abandoned for a period of six months after the permit is issued. I acknowledge that the permit holder is responsible to call for an inspection within the 1<sup>st</sup> six months as proof work has commenced. Inspections will be required at six month intervals as proof of continuance of construction and shall extend the permit six months from that date. If no inspections are performed within the six month interval a request for an extension of the permits may be made, with additional fees charged.
- I acknowledge that the Building Official shall be permitted to require a three year time limit to complete construction of new detached single-family dwellings, additions to detached single-family dwellings and residential accessory structures. The time limit shall begin from the issuance date of the permit.
- I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their agent. \_\_\_\_\_ Agent's Initials

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name of Applicant: Print Signature Date

Contact Information for Applicant: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is:  Owner  Lessee  Contractor  Agent  Other \_\_\_\_\_

**FOR OFFICIAL USE ONLY: ZONING**

Zoning Designation: \_\_\_\_\_ Required Setbacks- Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Do the following apply to the property? Floodplain: <input type="checkbox"/> No <input type="checkbox"/> Yes BOS Easement: <input type="checkbox"/> No <input type="checkbox"/> Yes Proffers: <input type="checkbox"/> No <input type="checkbox"/> Yes... Case #: _____ Site Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes... Case #: _____ SP or SE: <input type="checkbox"/> No <input type="checkbox"/> Yes... Case #: _____	Notes/Comments For Permit:	<input type="checkbox"/> <b>ADMIN PERMIT APPROVAL</b>
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\_\_\_\_\_/\_\_\_\_\_  
 Signature: Zoning Administrator/Staff Date

Fee Due: \$ \_\_\_\_\_  
 Fee Paid: \$ \_\_\_\_\_

**FOR OFFICIAL USE ONLY: BUILDING**

<b>FEES:</b>	Minimum Submittal Fee: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ Total Paid at Submittal: \$ _____	Building: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ Electrical: # _____ \$ _____ # _____ \$ _____ Plumbing: # _____ \$ _____ Water/Sewer: # _____ \$ _____ # _____ \$ _____	Mechanical: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ Certificate of Occupancy: # _____ \$ _____ 2% Virginia Fee Levy # <u>800</u> \$ _____ Plan Review: # _____ \$ _____ Erosion & Sediment: # _____ \$ _____	<b>Total Permit Fees:</b> \$ _____ - Less <b>Total Paid at Submittal:</b> \$ _____  <b>Total Fees Due:</b> \$ _____
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\_\_\_\_\_/\_\_\_\_\_  
 Signature: Building Official/Staff Date

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Re-Submittal Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_



# CONTRACTOR IDENTIFICATION FORM

Building Permit # \_\_\_\_\_

Division of Zoning & Development Services  
Fauquier County Department of Community Development  
29 Ashby Street, Suite 310, Warrenton, Virginia 20186

Building Phone: 540-422-8230  
Facsimile: 540-422-8231

### PLEASE READ CAREFULLY

The County may only issue a building permit to properly licensed contractors or to those that are exempt from the Commonwealth's requirements for contractors. Certain exceptions to licensing requirements are available under Section 54.1-1101 of the Code of Virginia. Property owners are eligible for exceptions under specific circumstances, including building their primary residence and related accessory structures.

The Code requires that a contractor be properly licensed before he may bid or undertake contracting work of \$1,000 or more. Specifically, a:

- Class A contractor's license is required for any job valued at more than \$120,000; a
- Class B contractor's license is required for any job valued at \$10,000 or more but less than \$120,000; and a
- Class C contractor's license is required for any job valued at more than \$1,000 but less than \$10,000.

Identify on the reverse side of this form each contractor who will be working on the job.

If a property owner secures a building permit under the exception, and subsequently hires contractors to work on the project, those contractors must meet the requirements listed above and the property owner is legally responsible for assuring the licensing requirements are met. Failure to do so constitutes the commission of a Class 1 misdemeanor by both the property owner and the contractor, and may expose the property owner to prosecution as well as other legal risks, particularly if problems with construction occur. Also, in such cases the County cannot hold individual contractors responsible for issues identified during ongoing inspections; rather it is the property owner, as permit holder, who is responsible.

Property Owner Name & Address: \_\_\_\_\_

Building Permit Property Address (if different than above): \_\_\_\_\_

#### Fill out this section if the Building Permit Applicant is **PROPERTY OWNER/OWNER'S AGENT:**

- I am the property owner. **I affirm that I have read and understand the above**, and that by securing this permit under my own name I have accepted responsibility for assuring proper licensing of any contractors hired for jobs under this building permit.
- I am the agent for the property owner. **I affirm that I have read and understand the above**, have informed the property owner of the above, and that the property owner has accepted responsibility for assuring proper licensing of any contractors hired for jobs under this building permit.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

**ALL APPLICANTS MUST FILL OUT  
THE REVERSE SIDE OF THIS FORM**

#### Fill out this section if the Building Permit Applicant is **CONTRACTOR/ CONTRACTOR'S AGENT:**

- I am the contractor for this permit. **I affirm that I have read and understand the above.**
- I am the sub-contractor for this permit. **I affirm that I have read and understand the above.**
- I am the agent for the contractor. **I affirm that I have read and understand the above.**
- I affirm** that I am duly licensed under the terms of Title 54.1, Chapter 11, Code of Virginia to carry on or superintend this work;
- I affirm** that I am not subject to licensure as a contractor, subcontractor, or owner-developer under the terms of 54.1, Chapter 11, Code of Virginia.
- I affirm** that I have paid in full any license fees required by Fauquier County so as to qualify me to bid upon or contract for the work for which this permit has been/is being issued.
- I am submitting** the Fauquier County business license exemption form.

Signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Contractor Name (printed): \_\_\_\_\_

<b>Type of Contractor:</b> <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Gas Fitting <input type="checkbox"/> Outside Line <input type="checkbox"/> Inside Line <input type="checkbox"/> Tank Installation	Name of Contractor: _____ Mailing Address: _____ Phone Number: _____ Email: _____ State Contractor's License No: _____ Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Classification: _____ Expiration Date: ___/___/___ Fauquier County Business License # _____ Description of Work: _____ Value of Work*: _____	OK Per _____
<b>Type of Contractor:</b> <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Gas Fitting <input type="checkbox"/> Outside Line <input type="checkbox"/> Inside Line <input type="checkbox"/> Tank Installation	Name of Contractor: _____ Mailing Address: _____ Phone Number: _____ Email: _____ State Contractor's License No: _____ Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Classification: _____ Expiration Date: ___/___/___ Fauquier County Business License # _____ Description of Work: _____ Value of Work*: _____	OK Per _____
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\* For Contractors: Provide contract price  
\* For Homeowners/Others: Provide real estate value of improvements





## Table HD 1

<b>Minimum Separation Distances for Septic Tanks, Pretreatment Units, Pump Tanks, Conveyance Lines, and Header Lines</b>	
<u>Structure or Topographic Feature</u>	<u>Minimum Horizontal Distance</u>
Property Lines	5'
Building Foundations	10'
Basements	20'
Top edge of banks and cuts (i.e. grading)	10'
Utility Lines	10'

For a complete list see: 12 VAC5-610 and Fauquier Ordinance Chapter17

<b>Minimum Separation Distances for Drainfield Area and Reserve Area</b>	
<u>Structure or Topographic Feature</u>	<u>Minimum Horizontal Distance</u>
Property Lines	5'
Building Foundations	10'
Basements	20'
Top edge of banks and cuts (i.e. grading)	20'
Utility Lines	10'

For a complete list see: 12 VAC5-610 and Fauquier Ordinance Chapter17

<b>Minimum Separation Distances between a Well and a Structure or topographic feature</b>		
<u>Structure or Topographic Feature</u>	<u>Class III C or IV</u>	<u>Class III A or B</u>
Property Lines	10'	10'
Building Foundation	15'	15'
Building Foundation (Termite Treated)	50'	50'
House Sewer Line	50'	50'
Sewer Main / Force Main	50'	50'
Sewerage System	50'	50'
Sewage System or other contaminant source (e.g., drainfield, underground storage tank, barnyard, hog lot, etc.)	100'	50'
Cemetery	100'	50'
Sewage Dump Station	100'	50'

For a complete list see: 12 VAC5-630 and Fauquier Ordinance Chapter19

**Please call the Fauquier County Health Department at 540-347-6363 if you have any questions or concerns about your project and remember that it is recommended that you have your septic tank pumped every (3) three to (5) five years.**

# Fauquier Health Department Verification Guidance Document

This information is provided by the Fauquier Health Department for those applying to Fauquier County for Building Permits to increase the footprint of existing homes, construct house additions, construct detached structures including barns and sheds, and construct private swimming pools (in ground, above ground, or public); on properties served by onsite sewage disposal systems.

In order for Fauquier Health Department personnel to perform an accurate and expedient assessment of your improvement plans and authorize release of your Building Permit, the following items provided on the Fauquier County Division of Zoning & Development Services Health Department Verification form will need to be provided to the Environmental Health Office located at 98 Alexandria Pike Suite 42, Warrenton, Virginia:

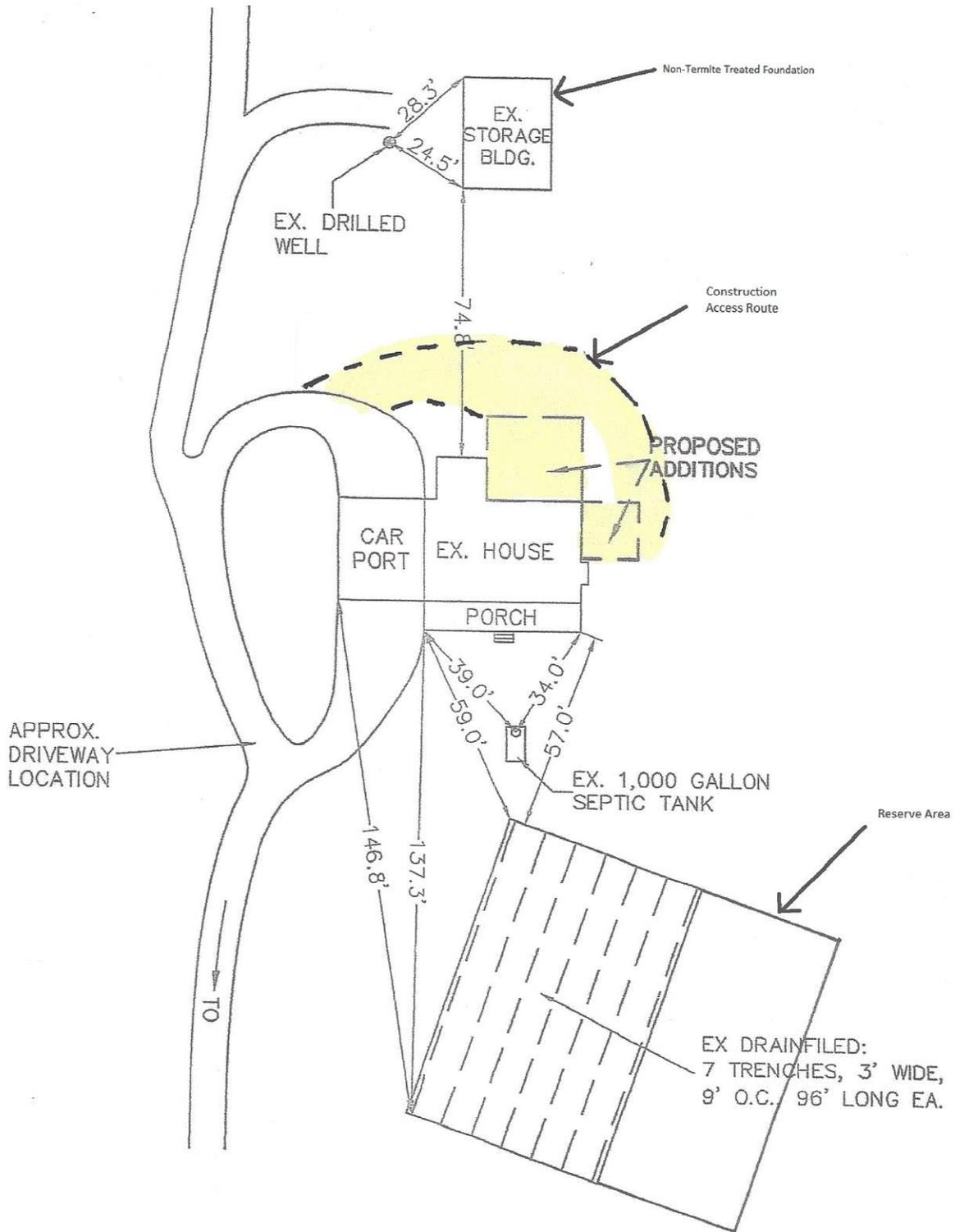
- 1. A completed copy of the Fauquier County Health Department Verification Form signed by the owner in box 2A.**
  
- 2. One (1) copy of a location survey or plat drawn to-scale that accurately depicts the following items that will be within one hundred (100) feet of the proposed project: (Example on Back)**
  - A. Existing structures (footprint)**
  - B. Driveways and other paved areas**
  - C. Proposed grading associated with the project**
  - D. Location of all proposed structures (footprint)**
  - E. Location of all existing private wells**
  - F. Location of all existing drainfields and approved reserve areas**
  - G. Location of all existing septic system components (i.e. septic tanks, alternative treatment units, pump tanks, etc...)**
  - H. Location of proposed construction equipment access route**
  - I. For proposed swimming pools: location of the water's edge and all decking and fencing associated with the pool construction.**

**3. \$25.00 Fee for processing**

Fauquier Health Department personnel will make every effort to provide expedited service to clients who arrive with all of the above information; however a site visit may sometimes be necessary to accurately evaluate a submission. When a visit is deemed necessary you may be asked to field locate specific sewage disposal system components, house additions, pool locations, and the limits of clearing and grading associated with your project. The Fauquier Health Department will make every effort to process a complete application that includes all of the aforementioned documents within 15 business days.

**To discuss your project in advance of submitting an application please call our office at 540-347-6363**

# Health Department Verification Drawing SAMPLE



ADDITION LOCATIONS	
PROJECT: 100 MAIN STREET	
COUNTY/STATE: FAUQUIER COUNTY, VA	
GPIN OR TM #: 5555-44-6666	
DATE: 08/01/2015	
SCALE: 1" = 40'	PAGE: 1