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:
☐ Private ☐ Public _____
Name of Provider

Septic/Sewer:
☐ Private ☐ Public _____
Name of Provider

Electrical Service:
_____ _____
Amps Name of Provider
☐ New Service ☐ 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
_____/_____ 1st floor	_____/_____Garage Attached	_____/_____ Porch	____/____ 1st floor	____/____ Porch
_____/_____ 2nd floor	_____/_____Garage Detached	_____/_____ Deck	____/____ 2nd floor	____/____ Deck
_____/_____ 3rd floor	_____/_____Carport	_____/_____ Stoop	____/____ 3rd floor	____/____ # Fireplace
_____/_____Basement Finished	_____/_____Walk-Up	_____/_____ Pool	____/____ 4th floor	____/____ Pool
_____/_____Basement Unfin.	_____/_____LPG Tank	_____/_____ Shed	_____ Other	____/____ Signs
_____/_____#LPG Fireplaces	UST- AST / Gallons	_____/_____ Other	_____ Other	_____ Other
_____/_____#Wood Fireplaces	_____/_____#Oil Tank	_____/_____ **TOTAL**		_____/____ **TOTAL**

-Continued on next page-

Revised 7/27/20

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): _____

Type of Contractor:
☐ Building
☐ Electrical
☐ Plumbing
☐ Mechanical
☐ Gas Fitting
☐ Outside Line
☐ Inside Line
☐ Tank Installation

Name of Contractor: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State Contractor's License No: _____ Class:☐A ☐B ☐C
Classification: _____ Expiration Date: ___/___/___ Fauquier County Business License #_____
Description of Work: _____
Value of Work*: _____

OK Per _____

Type of Contractor:
☐ Building
☐ Electrical
☐ Plumbing
☐ Mechanical
☐ Gas Fitting
☐ Outside Line
☐ Inside Line
☐ Tank Installation

Name of Contractor: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State Contractor's License No: _____ Class:☐A ☐B ☐C
Classification: _____ Expiration Date: ___/___/___ Fauquier County Business License #_____
Description of Work: _____
Value of Work*: _____

OK Per _____

Type of Contractor:
☐ Building
☐ Electrical
☐ Plumbing
☐ Mechanical
☐ Gas Fitting
☐ Outside Line
☐ Inside Line
☐ Tank Installation

Name of Contractor: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State Contractor's License No: _____ Class:☐A ☐B ☐C
Classification: _____ Expiration Date: ___/___/___ Fauquier County Business License #_____
Description of Work: _____
Value of Work*: _____

OK Per _____

Type of Contractor:
☐ Building
☐ Electrical
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Mailing Address: _____
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State Contractor's License No: _____ Class:☐A ☐B ☐C
Classification: _____ Expiration Date: ___/___/___ Fauquier County Business License #_____
Description of Work: _____
Value of Work*: _____

OK Per _____

Type of Contractor:
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Description of Work: _____
Value of Work*: _____

OK Per _____

Type of Contractor:
☐ Building
☐ Electrical
☐ Plumbing
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Name of Contractor: _____
Mailing Address: _____
Phone Number: _____ Email: _____
State Contractor's License No: _____ Class:☐A ☐B ☐C
Classification: _____ Expiration Date: ___/___/___ Fauquier County Business License #_____
Description of Work: _____
Value of Work*: _____

OK Per _____

* For Contractors: Provide contract price
* For Homeowners/Others: Provide real estate value of improvements

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 1st 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?	Notes/Comments For Permit:	☐ **ADMIN PERMIT APPROVAL**
Floodplain: ☐ No ☐ Yes BOS Easement: ☐ No ☐ Yes Proffers: ☐ No ☐ Yes… Case #: _____ Site Plan: ☐ No ☐ Yes… Case #: _____ SP or SE: ☐ No ☐ Yes… Case #: _____		

_____/_____

Signature: Zoning Administrator/Staff Date

Fee Due: $ _____

Fee Paid: $ _____

FOR OFFICIAL USE ONLY: BUILDING

FEES:	Minimum Submittal Fee:	Building:	Mechanical:	
	#_____ $_____	#_____ $_____	#_____ $_____	
	#_____ $_____	#_____ $_____	#_____ $_____	**Total Permit Fees:**
	#_____ $_____	#_____ $_____	#_____ $_____	**$**_____
	#_____ $_____	Electrical:	Certificate of Occupancy:	***- Less***
	Total Paid at Submittal:	#_____ $_____	#_____ $_____	**Total Paid at Submittal:**
	$_____	#_____ $_____	2% Virginia Fee Levy	**$**_____
		Plumbing:	#_800_ $_____	
	Photocopies: Black	#_____ $_____	Plan Review:	**Total Fees Due:**
	#_____ $_____	Water/Sewer:	#_____ $_____	**$**_____
	Photocopies: Color	#_____ $_____	Erosion & Sediment:	
	#_____ $_____	#_____ $_____	#_____ $_____	

_____/_____

Signature: Building Official/Staff Date

Application Received By: _____ Date: _____ Notes: _____

Re-Submittal Received By: _____Date: _____ Notes: _____