



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 st floor | ____/____ Garage Attached | ____/____ Porch | ____/____ 1 st floor | ____/____ Porch | |
| ____/____ 2 nd floor | ____/____ Garage Detached | ____/____ Deck | ____/____ 2 nd floor | ____/____ Deck | |
| ____/____ 3 rd floor | ____/____ Carport | ____/____ Stoop | ____/____ 3 rd floor | ____/____ # Fireplace | |
| ____/____ Basement Finished | ____/____ Walk-Up | ____/____ Pool | ____/____ 4 th 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-

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? 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"/> ADMIN PERMIT APPROVAL |
|---|----------------------------|---|

_____/_____
 Signature: Zoning Administrator/Staff Date

Fee Due: \$ _____
 Fee Paid: \$ _____

FOR OFFICIAL USE ONLY: BUILDING

| | | | |
|--|---|--|--|
| FEES: Minimum Submittal Fee: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ Total Paid at Submittal: \$ _____ <hr/> Photocopies: Black # _____ \$ _____ Photocopies: Color # _____ \$ _____ | Building: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ Electrical: # _____ \$ _____ # _____ \$ _____ Plumbing: # _____ \$ _____ Water/Sewer: # _____ \$ _____ # _____ \$ _____ | Mechanical: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ Certificate of Occupancy: # _____ \$ _____ 2% Virginia Fee Levy # <u>800</u> \$ _____ Plan Review: # _____ \$ _____ Erosion & Sediment: # _____ \$ _____ | Total Permit Fees: \$ _____ - Less Total Paid at Submittal: \$ _____ Total Fees Due: \$ _____ |
|--|---|--|--|

_____/_____
 Signature: Building Official/Staff Date

Application Received By: _____ Date: _____ Notes: _____

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



Accessibility Compliance Form

Alterations to Existing Structure

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

Every permit application for an alteration or renovation of an existing building (except single family dwellings) must include this form. Occupancy is contingent upon an accurate assessment of the space and compliance with the requirements of the 2012 Virginia Construction Code (VCC) and the 2009 ICC/ANSI A117.1. Fauquier County Inspectors will verify final compliance acceptance.

Project Information:

Project Name: _____

Project Address: _____ Suite: _____

Prior Group or occupancy: _____ Proposed Group or Occupancy: _____

Level of Compliance:

Choose which item(s) apply:

All work is for providing handicap accessibility.

The accessible route, from the accessible parking to the altered space, including the restrooms and drinking fountains serving that space, is in full compliance with the accessibility requirements of the 2012 VCC.

Upgrading the existing restrooms is *technically infeasible* as defined by the 2012 Virginia Rehabilitation Code (VRC) Section 410 or 705, and the existing fixture count cannot be reduced per VCC Section 2902. Therefore, an accessible family or assisted use toilet room is being provided in accordance with VRC Sections 410.8.11 and 705.1.10.

The cost of providing a fully compliant accessible route exceeds 20% of the cost of the proposed alterations, including mechanical, electrical and plumbing costs. Therefore, the following items on the accessible route will be upgraded up to the 20% limit. See VRC Sections 410 and 705. Please provide cost analysis for review on a separate sheet.

Certification:

I, _____, as the designer of this project, have reviewed the construction _____
print designer's name

documents and the accessible route to the space for compliance with the Virginia Uniform Statewide Building Code and submit the above as being accurate.

Signature of Designer Date



CONTRACTOR IDENTIFICATION FORM

Building Permit # _____

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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
 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 _____

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

