



BUILDING TRADES PERMIT OR AMENDMENT TO EXISTING PERMIT

Permit # _____

RESIDENTIAL or **COMMERCIAL**

Division of Zoning and 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

OWNER/PROPERTY INFORMATION:

Owner's Full Name: _____ Phone: (Day) _____

Parcel Street Address: _____

Property Identification Number: _____ Email: _____

PROPOSED CONSTRUCTION INFORMATION:

Scope of Work:

- Addition
- Alteration
- Electrical
- Mechanical
- Plumbing
- Gas
- LPG Storage Tank
- Oil Storage Tank

DESCRIBE IN DETAIL THE PROPOSED WORK:

Valuation of Work: \$ _____ Power Co. _____ AMPS _____
 New Service Existing Service

If proposed construction is residential, how many total bedrooms will exist upon completion of construction? _____

Height of proposed structure: _____ ft. Square Footage: _____

(Note: Height is measured from average finished grade)

Building Code Used: Virginia Residential Code, Year _____ Virginia Construction Code, Year _____

CONTRACTOR INFORMATION:

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: _____

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: _____

RESIDENTIAL (Square Footage)			COMMERCIAL (Square Footage)		
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 <small>Finished</small>	____/____ Walk-Up	____/____ Pool	____/____ 4 th floor	____/____ Pool	
____/____ Basement <small>Unfin.</small>	____/____ LPG Tank	____/____ Shed	____/____ Other	____/____ Signs	
____/____ #LPG Fireplaces	<small>UST- AST / Gallons</small>	____/____ Other	____/____ Other	____/____ Other	
____/____ #Wood Fireplaces	____/____ #Oil Tank	TOTAL			TOTAL

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

_____/_____/_____ /
Signature: Building Official/Staff Date

Application Received By: _____ Date: _____ Notes: _____

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