



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

Application Received By: _____ Date: _____ Notes: _____

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