BUILDING PERMIT APPLICATION

Clarke County Building Department
101 Chalmers Ct., B
Berryville, VA 22611
(540) 955-5112 Fax: (540) 955-5170

Check One: ☐ Residential ☐ Commercial ☐ Government

******NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

DATE: _____ PERMIT #: _____
(For Office Use Only)

PROPERTY OWNER'S NAME: _____
Mailing Address: _____
_____
Phone Number: _____

****CONTRACTOR'S NAME:** _____
Address: _____
_____
Phone Number: _____
Virginia State Contractor's License Number: _____
License Expires: _____

****Please attach a copy of your state contractor's license. Any job over $25,000 will also require a Clarke County Business License unless you are building in the Town of Berryville or the Town of Boyce. You would then need that town's business license. All businesses in Clarke County are required to have a Clarke County Business License regardless of the job value.**

MECHANICS LIEN AGENT: _____
Address: _____
_____
Phone Number: _____

LOCATION OF PROPERTY:
Subdivision: _____ Lot Number: _____
Street Address: _____
Directions to job site (from Building Dept. Office):
_____
_____

ZONING SETBACKS: **ZONING DISTRICT:** _____
REQUIRED: FRONT _____ RIGHT _____ LEFT _____ REAR _____ WELL _____
DRAINFIELD _____

PROVIDED: FRONT _____ RIGHT _____ LEFT _____ REAR _____ WELL _____
DRAINFIELD _____

I hereby agree to comply with all provisions of the Virginia Uniform Statewide Building Code and all other applicable state and local laws.

Signature of Applicant _____
Printed Name of Applicant _____

☐ Contractor ☐ Owner ☐ Agent ☐ Engineer/Architect

DESCRIPTION OF WORK: _____

_____

_____

_____

_____

CHARACTERISTICS FOR NEW WORK ONLY:

Master Plan Number or Name (if applicable): _____
Building Size (Dimensions): _____
Total Square Footage of Living Space: _____
Finish Basement Square Footage: _____
Unfinished Basement Square Footage: _____
Crawl Space (Yes or No): _____
Foundation Type: _____
Number of Stories: _____
Number of Bedrooms: _____
Number of Baths: _____
Total Number of Rooms (excluding Baths): _____
Exterior Siding: _____
Interior Wall Covering: _____
Floor Covering: _____
Roof Covering: _____
Number of Fireplaces or Chimneys (specify Gas or Masonry): _____
Garage Size: _____
Deck Size: _____
Porch Size: _____
Type of Heat: _____
Type of Air Conditioning: _____

FOR OFFICE USE ONLY:
TAX MAP #: _____
MAGISTERIAL DISTRICT: _____
ACREAGE: _____
911 ADDRESS & DATE ASSIGNED (FOR NEW DWELLINGS & NEW COMMERCIAL BUILDINGS ONLY): _____
USE GROUP: _____
CONSTRUCTION TYPE: _____
MAXIMUM LIVE LOAD: _____
OCCUPANCY LOAD: _____
FIRE RATING: _____
BUILDING CODE EDITION: _____
CENSUS TRACT #: _____
SOILS REPORT:
☐ **SOILS REPORT (date: _____)** ☐ **OPTION #2 (date: _____)**
☐ **WAIVER (date: _____)** ☐ **NOT REQ'D (date: _____)**
NOTICE OF ONSITE SEWAGE DISPOSAL LIMITATIONS:
DEED BOOK #_____ PAGE #_____ DATE: _____
NOTICE OF NO SEWER PERMIT AVAILABILTY:
DEED BOOK #_____ PAGE #_____ DATE: _____
ZONING APPROVAL BY & DATE: _____
LAND DISTURBANCE PERMIT: ☐ **YES** ☐ **NO**
HEALTH DEPT. APPROVAL BY & ID #: _____
PERCED FOR (# OF BEDRMS & OCCUPANTS): _____