



CLARKE COUNTY BUILDING DEPARTMENT

101 Chalmers Ct., Suite B
Berryville, Virginia 22611

1-540-955-5112

Fax: 540-955-5170

www.clarkecounty.gov

ELECTRIC PERMIT APPLICATION

Check One: Residential Commercial Government Agricultural

Date of Application: _____ Permit #: _____

Applicant: _____

Property Owner (s): If different from applicant: _____

Mailing Address: _____ Site Address: _____

Phone #: _____ Cell #: _____

Email: _____

MECHANICS LIEN AGENT: (ONE & TWO FAMILY DWELLINGS ONLY)

I request the following mechanics lien agent be listed on my permit.

Name: _____

Address: _____

City, State, and Zip: _____

Phone #: _____

CONTRACTOR:

Company Name (As it appears on VA state contractor's license): _____

Address: _____ State License #: _____ Class: _____

_____ Expiration Date: _____ Specialty Class: _____

_____ County License #: _____ Expiration Date: _____

Phone #: _____ Cell #: _____

Email: _____

****A CURRENT COPY OF CONTRACTOR'S LICENSE IS REQUIRED IN ORDER TO OBTAIN PERMIT.****

DESCRIPTION OF WORK: _____

ELECTRIC SERVICE:

If installing new service, relocating service, or reconnecting service, please indicate number of amps:

Is service Overhead or Underground? _____
Please indicate Work Order number provided by Power Company: _____

SOLAR/WIND ENERGY SYSTEMS:

On-Site Power Only: _____
Net Metering: _____
Please indicate size (KW): _____
Please indicate Work Order number provided by Power Company: _____

PLEASE INDICATE EQUIPMENT YOU ARE INSTALLING:

Are Sub-panels being installed? If yes, how many? _____
Are Fixtures, Lights, Switches, Receptacles, Outlets, and/or Circuits being added or relocated? _____
Are Motors being installed? If yes, how many? _____
Are Generators being installed? If yes, how many? _____
Are you installing or relocating Baseboard Heat? _____
Are you making an electric connection to a new or relocated HVAC System or Furnace? _____
Are you installing electric wall unit heaters? _____
Are you installing a Fire Alarm System? _____
Are you making an Electric Connection to a New Well or Septic Pump? _____
Are you installing a Sub Station? If yes, how many KVs? _____

I, the applicant, certify that I am legally authorized to make this application and that all construction will be executed in accordance with the applicable provisions of the Virginia Uniform Statewide Building Code and all other applicable state and local laws.

Applicant is: ___ Property/Building Owner ___ Owner's Agent ___ Contractor/Contractor's Agent

Signature Printed Name Phone # Date

NOTE: If the permit applicant does not hold a Contractor's license issued by the Virginia Department of Professional and Occupational Regulation, submit a Contractor's Exemption Affidavit.

THIS SECTION TO BE COMPLETED BY COUNTY STAFF

ZONING SETBACKS:

ZONING DISTRICT: _____

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

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

ZONING APPROVAL BY & DATE APPROVED: _____

LAND DISTURBANCE PERMIT ISSUED BY & DATE APPROVED: _____

TAX MAP #: _____ MAGISTERIAL DISTRICT: _____ ACREAGE: _____

SUBDIVISION: _____ LOT #: _____

NEW STRUCTURE ADDRESS ASSIGNED BY & DATE ASSIGNED: _____

HEALTH DEPT APPROVAL BY/DATE/ID #/PERCED FOR: _____

NOTICE OF ONSITE SEWAGE DISPOSAL LIMITATIONS RECORDED: _____

SOILS REPORT: _____

BLDG CODE EDITION: _____ USE GROUP: _____ CONSTRUCTION TYPE: _____

OCCUPANCY LOAD: _____ FIRE RATING: _____

CENSUS TRACT #: _____



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CONTRACTOR'S EXEMPTION AFFIDAVIT

I am not subject to licensure as a contractor or subcontractor pursuant to Chapter 11, Title 54.1 of the Code of Virginia.

The basis for the claimed exemption is as follows:

- I am the building owner and not an owner-developer as defined in §54.1-1100. The owner will perform or superintend the work and receive no compensation.

- I am the building owner but the work will be performed by a contractor duly licensed by the Virginia Department of Professional and Occupational Regulation.

I, as the building owner, will be responsible for the work performed, and I shall be responsible for compliance with all state and local laws regulating building construction and use, and compliance with all local ordinances.

| | | |
|---------------------|-------------------|------|
| Print Name of Owner | Owner's Signature | Date |
|---------------------|-------------------|------|

| | | |
|-----------------------|-------------------|------|
| Print Name of Witness | Witness Signature | Date |
|-----------------------|-------------------|------|

**** NOTE: THIS FORM IS ONLY USED FOR BUILDING/PROPERTY OWNERS ACTING AS THEIR OWN CONTRACTOR.**

IF YOU ARE THE LESSEE OR AGENT AND NOT THE BUILDING/PROPERTY OWNER, A LETTER IS REQUIRED FROM THE BUILDING/PROPERTY OWNER STATING YOU HAVE PERMISSION TO OBTAIN PERMITS ON THEIR BEHALF.