



**CLARKE COUNTY BUILDING DEPARTMENT**

101 Chalmers Ct., Suite B  
Berryville, Virginia 22611

1-540-955-5112

Fax: 540-955-5170

[www.clarkecounty.gov](http://www.clarkecounty.gov)

**GAS & MECHANICAL PERMIT APPLICATION**

Check One:  Residential  Commercial  Government

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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GAS TANKS:**

Are gas tanks being installed or relocated? If yes, please indicate the size and number of tanks and if the tanks are above or underground: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OIL/STORAGE TANKS:**

Are tanks being installed, relocated or removed? If yes, please indicate the size and number of tanks and if the tanks are above or underground: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE DETAILED LIST OF EQUIPMENT/FIXTURES YOU ARE INSTALLING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**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 #: \_\_\_\_\_

---



## CLARKE COUNTY BUILDING DEPARTMENT

101 Chalmers Ct., Suite B  
Berryville, Virginia 22611

1-540-955-5112

Fax: 540-955-5170

[www.clarkecounty.gov](http://www.clarkecounty.gov)

### 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.**