



CLARKE COUNTY BUILDING DEPARTMENT

101 Chalmers Ct., Suite B
Berryville, Virginia 22611

1-540-955-5112

Fax: 540-955-5170

www.clarkecounty.gov

BUILDING 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 #: _____ Cell #: _____

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: _____

***** CURRENT COPY OF CONTRACTOR'S LICENSE IS REQUIRED TO OBTAIN A BUILDING PERMIT*****

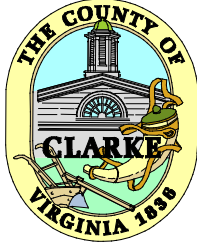
- **For Any Building Permits:** IF YOU HAVE A PRIVATE SEPTIC SYSTEM, A COPY OF THE RECORDED "NOTICE OF DWELLING LIMITATIONS" MUST BE INCLUDED WITH THE BUILDING PERMIT APPLICATION. IF THIS FORM IS NOT RECORDED BEFORE SUBMITTING A BUILDING PERMIT APPLICATION, PERMITS WILL NOT BE RELEASED UNTIL THE FORM IS RECORDED WITH THE CIRCUIT COURT.
- **For New Dwellings:** A COPY OF THE PRIVATE WELL CONSTRUCTION PERMIT FROM THE HEALTH DEPT. MUST BE FILED WITH THE BUILDING PERMIT APPLICATION.

PROJECT TYPE (check all that applies):

- Single Family Dwelling
- Repair
- Addition
- Detached Accessory – Accessory Type _____
- Attached Garage
- Demolition
- Renovation / Remodel
- Change of Use from _____ to _____
- Swimming Pool
- Deck
- Porch
- Tenant Up-Fit
- Other _____

DESCRIBE IN DETAIL THE WORK TO BE PERFORMED (WRITE LEGIBLY):

Building Size (Dimensions): _____	Interior Wall Covering: _____
Total Sq. Footage of Living Space: _____	Floor Covering: _____
Finished Basement Sq. Footage: _____	Roof Covering: _____
Unfinished Basement Sq. Footage: _____	# of Fireplaces or Chimneys: _____
Crawl Space (Yes or No): _____	Garage Size: _____
Foundation Type: _____	Deck Size: _____
Number of Stories: _____	Porch Size: _____
Number of Bedrooms: _____	Type of Heat: _____
Number of Baths: _____	In Ground Pool Type: _____
Total # of Rooms (Excluding Baths): _____	Pool Dimensions: _____
Exterior Wall Covering: _____	Pool Depth: _____
	Value of Pool: _____



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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
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Print Name of Witness	Witness Signature	Date
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**** NOTE: THIS FORM IS ONLY VALID WITH THE SIGNATURE OF THE PROPERTY OWNER.**

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.