

CLARKE COUNTY BUILDING DEPARTMENT

101 Chalmers Ct., Suite B Berryville, Virginia 22611

1-540-955-5112

Fax: 540-955-5170

www.clarkecounty.gov

PLUMBING PERMIT APPLICATION

once on	e: Residential	Commercial	Government
Date of Application:		Permit #:	
Applicant:			
Email:			
MECHANICS LIEN AGE I request the following	•	MILY DWELLINGS ONLY) isted on my permit.	
Name:			
Address:			
City, State, and Zip:			
CONTRACTOR:			
Company Name (As it appe			
		State License #:	Class:
Address:			Class: Specialty Class:
Address:		Expiration Date:	
Address:	(Expiration Date:	Specialty Class:

DESCRIPTION OF WORK:			
PLEASE PROVIDE LIST OF EQUIPMENT	/FIXTURES YOU ARE INS	TALLING:	
Fixtures/Equipment:		Quantity:	
Bar Sink			
Bathtub			
Bathtub/Shower Combo			
Dishwasher			
Disposal			
Drinking Fountain			
Floor Drain			
Hose Bibb/Outside Wall Faucet			
Humidifier			
Ice Maker			
Kitchen Sink			
Laundry Sink			
Lavatory (Bathroom Sink)			
Mop Sink			
Service Sink			
Sewer Line			
Shower			
Sump Pump			
Washing Machine			
Water Closet (Toilet)			
Water Line/Well Line			
Water Heater			
Whirlpool Tub			
Other			
TOTAL # OF FIXTURES			
I, the applicant, certify that I am legal construction will be executed in accord Uniform Statewide Building Code and	dance with the applicab I all other applicable sta	le provisions on te and local la	f the Virginia ws.
Applicant is: Property/Building Owner	Owner's Agent		Contractor's Agent
Signature Pri	nted Name	Phone #	Date
NOTE: If the permit applicant does not lead to be partment of Professional and Occupation Affidavit.			

THIS SECTION TO BE COMPLETED BY COUNTY STAFF

ZONING SE	TBACKS:		ZONING DISTRICT:			
REQUIRED:	FRONT	RIGHT	LEFT	REAR	WELL	
	DRAINFIELD					
PROVIDED:	FRONT	RIGHT	LEFT	REAR	WELL	
	DRAINFIELD					
ZONING API	PROVAL BY & DAT	TE APPROVED: _				
LAND DISTU	URBANCE PERMIT	ISSUED BY & DA	TE APPROVED):		
TAX MAP #:		MAGISTE	RIAL DISTRICT	`:	ACREAGE:	
SUBDIVISIO	N:				LOT #:	
NEW STRUC	CTURE ADDRESS A	SSIGNED BY & D	ATE ASSIGNEI	D:		
HEALTH DE	PT APPROVAL BY	/DATE/ID #/PERC	ED FOR:			
NOTICE OF	ONSITE SEWAGE I	DISPOSAL LIMITA	ATIONS RECOR	DED:		
SOILS REPO	RT:					
BLDG CODE	E EDITION:	USE GROU	ЛР: СО	ONSTRUCTION	N TYPE:	
OCCUPANC	Y 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 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.