

CLARKE COUNTY BUILDING DEPARTMENT

101 Chalmers Ct., Suite B Berryville, Virginia 22611 540-955-5112 www.clarkecounty.gov

GAS PERMIT APPLICATION

Check One:	Residential Commercial _	Government
Date of Application:	Permit #:	
Applicant:		
	m applicant:	
Mailing Address:	Site Address:	
	Cell #:	
Email:		
	es lien agent be listed on my permit.	
CONTRACTOR: Company Name (As it appears on V	A state contractor's license):	
Address:	State License #:	Class:
	Expiration Date:	Specialty Class:
	County License #:	Expiration Date:
	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? tanks are above or underground:			
OIL/STORAGE TANKS:			
Are tanks being installed, relocated or remif the tanks are above or underground:	noved? If yes, please indica	te the size and numb	per of tanks and
PLEASE PROVIDE A DETAILED LIS			NSTALLED:
Are you installing gas piping?			
I, the applicant, certify that I am leg construction will be executed in acco Uniform Statewide Building Code an	ordance with the applic	able provisions of	the Virginia
Applicant is: Property/Building Owner	Owner's Agent	Contractor/C	Contractor's Agent
Signature	Printed Name	Phone #	Date
	NOTE.		

NOTE:
Gas Permits will only be issued to a Contractor licensed by the Virginia Department of Professional and Occupational Regulation.

THIS SECTION TO BE COMPLETED BY COUNTY STAFF

ZONING SE				ZONING DIST	TRICT:
REQUIRED:	FRONT DRAINFIELD	RIGHT	LEFT	REAR	_ WELL
PROVIDED:	FRONT DRAINFIELD	RIGHT	LEFT	REAR	_ WELL
ZONING API	PROVAL BY & DAT	TE APPROVED: _			
LAND DISTU	JRBANCE PERMIT	ISSUED BY & DA	ATE APPROVED	D:	
TAX MAP #:		MAGISTEI	RIAL DISTRICT	:	ACREAGE:
SUBDIVISIO	N:			· · · · · · · · · · · · · · · · · · ·	LOT #:
NEW STRUCTURE ADDRESS ASSIGNED BY & DATE ASSIGNED:					
HEALTH DE	PT APPROVAL BY	/DATE/ID #/PERC	ED FOR:		
NOTICE OF	ONSITE SEWAGE I	DISPOSAL LIMITA	ATIONS RECOR	RDED:	
SOILS REPO	RT:				
BLDG CODE	EDITION:	USE GROU	UP: CO	ONSTRUCTION	TYPE:
OCCUPANC	Y LOAD:	FIRE RATING:	CENSUS	S 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.