



CLARKE COUNTY BUILDING DEPARTMENT

101 Chalmers Ct., Suite B
Berryville, Virginia 22611

1-540-955-5112

Fax: 540-955-5170

www.clarkecounty.gov

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: _____

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
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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: _____

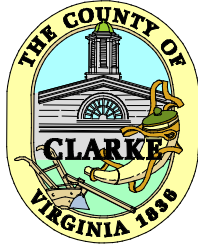
HEALTH DEPT APPROVAL BY/DATE/ID #/PERCED FOR: _____

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
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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.