CLARKE COUNTY BUILDING DEPARTMENT

101 Chalmers Ct., Suite B
Berryville, Virginia 22611

1-540-955-5112 Fax: 540-955-5170

www.clarkecounty.gov

DEMOLITION 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.*****

PROJECT TYPE

____ **Demolition**

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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I, the applicant, certify that I am legally authorized to make this application and that all construction/demolition 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.

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The **Clarke County Historical Association**'s mission is to help preserve the historical resources and records of Clarke County. They would like the opportunity to document by photographs any structures scheduled for demolition prior to the actual event.

Please sign this page acknowledging receipt of this information:

_____ _____
Applicant Date

_____ _____
Witness Date

Demolition Permit Documentation

For documentation of structure prior to demolition please contact:

Alison Teetor – Natural Resource Planner (540) 955-5134
ateetor@clarkecounty.gov

Maral Kalbian - (540)955-1231
maral@mkalbian.com

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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 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.