



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

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.****

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
_____	_____	_____
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.