

Print

Clear



BUILDING TRADES PERMIT OR AMENDMENT TO EXISTING PERMIT

Permit # _____

☐ RESIDENTIAL or ☐ COMMERCIAL

Fauquier County Department of Community Development
16 Courthouse Square, Warrenton, Virginia 20186

Building Phone: 540-422-8230

Zoning Phone: 540-422-8220

OWNER/PROPERTY INFORMATION:

Owner's Full Name: _____ Phone: (Day) _____

Parcel Street Address: _____

Property Identification Number: _____ Email: _____

*Is this property in PDR or Open Space easement? (If yes, attach concurrence from CAO) ☐ Yes ☐ No

PROPOSED CONSTRUCTION INFORMATION:

Scope of Work:

- ☐ Addition
☐ Alteration
☐ Electrical
☐ Mechanical
☐ Plumbing
☐ Gas
☐ LPG Storage Tank
☐ Oil Storage Tank

DESCRIBE IN DETAIL THE PROPOSED WORK:

Valuation of Work: \$ _____ Power Co. _____ AMPS _____
 (Contract amount OR real estate value after completion) ☐ New Service ☐ Existing Service

If proposed construction is residential, how many total bedrooms will exist upon completion of construction? _____

Height of proposed structure: _____ ft. Square Footage: _____

(Note: Height is measured from average finished grade)

Building Code Used: ☐ Virginia Residential Code, Year _____ ☐ Virginia Construction Code, Year _____

CONTRACTOR INFORMATION:

Type of Contractor:

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Mechanical
☐ Gas Fitting
☐ Outside Line
☐ Inside Line
☐ Tank Installation

Name of Contractor: _____

Mailing Address: _____

Phone Number: _____ Email: _____

State Contractor's License No: _____ Class: ☐ A ☐ B ☐ C

Specialties: _____ Expiration Date: _____ Fauquier County Business License # _____

Description of Work: _____

Value of Work: _____

Type of Contractor:

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Mechanical
☐ Gas Fitting
☐ Outside Line
☐ Inside Line
☐ Tank Installation

Name of Contractor: _____

Mailing Address: _____

Phone Number: _____ Email: _____

State Contractor's License No: _____ Class: ☐ A ☐ B ☐ C

Specialties: _____ Expiration Date: _____ Fauquier County Business License # _____

Description of Work: _____

Value of Work: _____

RESIDENTIAL (Square Footage)			COMMERCIAL (Square Footage)	
Existing/New	Existing/New	Existing/New	Existing/New	Existing/New
____/____ 1 st floor	____/____ Garage Attached	____/____ Porch	____/____ 1 st floor	____/____ Porch
____/____ 2 nd floor	____/____ Garage Detached	____/____ Deck	____/____ 2 nd floor	____/____ Deck
____/____ 3 rd floor	____/____ Carport	____/____ Stoop	____/____ 3 rd floor	____/____ # Fireplace
____/____ Basement Finished	____/____ Walk-Up	____/____ Pool	____/____ 4 th floor	____/____ Pool
____/____ Basement Unfin.	____/____ LPG Tank	____/____ Shed	____/____ Other	____/____ Signs
____/____ #LPG Fireplaces	UST-AST / Gallons	____/____ Other	____/____ Other	____/____ Other
____/____ #Wood Fireplaces	____/____ #Oil Tank	____/____ TOTAL		____/____ TOTAL

APPLICANT INFORMATION AND CERTIFICATION:**I hereby certify that:**

- I have read and examined this application and know the information provided is true and correct.
- I acknowledge that the granting of a permit does not presume to give authority to violate or cancel the provisions of any local or state law regulating construction or the performance of construction, and by applying for this permit I hereby agree to adhere to all County and State laws.
- I acknowledge that an application for a permit for any proposed work shall be deemed to have been abandoned six months after the date of filing unless such application has been pursued in good faith or a permit has been issued.
- I acknowledge that the Building/Zoning Official shall be permitted to revoke a permit if work on the site authorized by the permit is not commenced within six months after issuance of the permit, or if the authorized work on the site is suspended or abandoned for a period of six months after the permit is issued. I acknowledge that the permit holder is responsible to call for an inspection within the 1st six months as proof work has commenced. Inspections will be required at six month intervals as proof of continuance of construction and shall extend the permit six months from that date. If no inspections are performed within the six month interval a request for an extension of the permits may be made, with additional fees charged.
- I acknowledge that the Building Official shall be permitted to require a three year time limit to complete construction of new detached single-family dwellings, additions to detached single-family dwellings and residential accessory structures. The time limit shall begin from the issuance date of the permit.
- I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their agent. _____ Agent's Initials

_____/_____/_____
 Name of Applicant: Print Signature Date

Contact Information for Applicant: Phone: _____ Email: _____

Applicant is: ☐ Owner ☐ Lessee ☐ Contractor ☐ Agent ☐ Other _____

FOR OFFICIAL USE ONLY: ZONING

Zoning Designation: _____ Required Setbacks- Front: _____ Side: _____ Rear: _____

Do the following apply to the property?

Floodplain: ☐ No ☐ Yes

BOS Easement: ☐ No ☐ Yes

Proffers: ☐ No ☐ Yes... Case #: _____

Site Plan: ☐ No ☐ Yes... Case #: _____

SP or SE: ☐ No ☐ Yes... Case #: _____

Notes/Comments For Permit:

☐ **ADMIN
PERMIT
APPROVAL**

_____/_____
 Signature: Zoning Administrator/Staff Date

Fee Due: \$ _____

Tech Fee: \$ _____

Fee Paid: \$ _____

FOR OFFICIAL USE ONLY: BUILDING

FEES:	Minimum Submittal Fee:	Building:	Mechanical:	Erosion & Sediment:
	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	\$ _____
	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	Zoning Fees:
	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	\$ _____
	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	Subtotal All Fees:
	Total Paid at Submittal:	Electrical:	Certificate of Occupancy:	\$ _____
	\$ _____	# _____ \$ _____	# _____ \$ _____	Tech Fees:
	Photocopies: Black	Plumbing:	2% Virginia Fee Levy	\$ _____
	# _____ \$ _____	# _____ \$ _____	# 800 \$ _____	Total: _____
	Photocopies: Color	Water/Sewer:	Plan Review:	Paid at Submittal:
# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	\$ _____	
		Building Subtotal:	Total Fees Due:	
		\$ _____	\$ _____	

_____/_____
 Signature: Building Official/Staff Date

Application Received By: _____ Date: _____ Notes: _____

Re-Submittal Received By: _____ Date: _____ Notes: _____