

Permit #: _____



TOWN OF WARRENTON

Department of Community Development

PO BOX 341
WARRENTON, VIRGINIA 20188
<http://www.warrentonva.gov>
Permittech@warrentonva.gov
(540) 347-2405

BUILDING / ZONING PERMIT

PROPERTY INFORMATION

Property Owner: _____

Email: _____ Telephone: _____

Parcel Address: _____

Property ID: _____ Acres: _____ Lot #: _____ of _____ Subdivision

TENANT/BUSINESS INFORMATION (if applicable)

Tenant/Business Name: _____

Tenant Address/Suite: _____

Email: _____ Telephone: _____

APPLICANT INFORMATION

Name: _____

Address: _____

Email: _____ Telephone: _____

Owner Lessee Contractor Agent Other: _____

PROPOSED WORK

Scope of Work (select all that apply):

<i>Zoning Only</i>	<i>Building & Zoning</i>		
Confirmation Letter	Accessory Structure	Fire Alarm/Suppression	New Finished/Unfinished
Determination Letter	Addition	Fireworks	Other: _____
Fence	Alteration	Fire Sprinkler	Plumbing
New Address	Change of Use	Gas	Repair/Replacement
Temporary Use	Demolition	Mechanical	Retaining Wall
Text Amendment	Electrical	Moving Structure	Swimming Pool
Shed (>256 sqft)	Elevator	New Building	Sign

Amendment to Existing Permit? If Yes, List Permit #: _____

Describe in detail the proposed work being done: [note: if use of building is being changed or if joint use is being added, enter all new proposed use(s) and also define existing use(s).]

UTILITY INFORMATION (building permits only)

Water: Private Public Septic/Sewer: Public Private Electrical: Private Public
Electrical Provider _____ Amps _____ New or Existing Service _____

MECHANIC'S LIEN AGENT (building permits only)

No Mechanic's Lien Agent Requested

Yes Mechanic's Lien Agent Requested

Mechanic's Lien Agent Name: _____

Address & Phone: _____

CONSTRUCTION INFORMATION (building permits only)

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

Structure Height: _____ ft. (Measured from average finished grade) Number of Stories: _____

Building Code Used: VA Residential Code Year: _____ VA Construction Code Year: _____

Valuation 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	____/____ TOTAL

APPLICANT 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 Town 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

Signature & Date

Print Name

<p>Type of Contractor:</p> <p><input type="checkbox"/> Building</p> <p><input type="checkbox"/> Electrical</p> <p><input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Mechanical</p> <p><input type="checkbox"/> Gas Fitting</p> <p><input type="checkbox"/> Outside Line</p> <p><input type="checkbox"/> Inside Line</p> <p><input type="checkbox"/> Tank Installation</p>	<p>Name of Contractor: _____</p> <p>Mailing Address: _____</p> <p>Phone Number: _____ EMAIL: _____</p> <p>State Contractor's License No: _____ Class: <input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C</p> <p>Classification: _____ Expiration Date: ___/___/___ Business License # _____</p> <p>Description of Work AND Valuation of work:</p> <p>_____</p> <p>_____</p>
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Permit #: _____

FOR OFFICIAL USE ONLY: Zoning			
APPROVED	DENIED	Date Received: _____	Zoning District: _____
Notes/Restrictions:			
Zoning Administrator/Staff Signature & Date			Fee Due: \$ _____ Date Paid: _____

FOR OFFICIAL USE ONLY: BUILDING				
Notes/Restrictions:				
FEES:	Minimum Submittal Fee: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ \$ _____	Building: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ E # _____ \$ _____ P # _____ \$ _____ W # _____ \$ _____ # _____ \$ _____	Mechanical: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ Certificate of Occupancy: # _____ \$ _____ # _____ \$ _____ # _____ \$ _____ # _____ \$ _____	Virginia Fee Levy: \$ _____ Total Building Fees: \$ _____ - Less Amount Paid: \$ _____
	Photocopies: Black # _____ \$ _____ # _____ \$ _____			

TOTAL FEES DUE (Building/Zoning Combined): _____

Date Paid: _____