

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: Gary M. Pearson
Email: gpearson@pearsonlaw.net Telephone: (540) 270-8970
Parcel Address: 9 Culpeper Street Warrenton, VA 20186
Property ID: 25687 Acres: .0762 Lot #: _____ of _____ Subdivision

TENANT/BUSINESS INFORMATION (if applicable)

Tenant/Business Name: Pearson and Pearson P.C.
Tenant Address/Suite: 9 Culpeper St, Warrenton, VA 20186
Email: gpearson@pearsonlaw.net Telephone: (540) 270-8970

APPLICANT INFORMATION

Name: Peak Roofing Contractors
Address: 405 Belle Air Lane, Warrenton, VA 20186
Email: tina@peakroofingcontractors.com Telephone: 703-753-4585 ext.303
Owner ☐ Lessee ☐ Contractor ☒ Agent ☐ Other: _____

PROPOSED WORK

Scope of Work (select all that apply):

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

Remove existing slate roof and Install New Slate Roof

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: _____

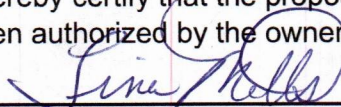
Valuation of work: \$ _____

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	

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. TM Agent's Initials



Signature & Date

Tina Mills

Print Name

Type of Contractor: <input checked="" type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Gas Fitting <input type="checkbox"/> Outside Line <input type="checkbox"/> Inside Line <input type="checkbox"/> Tank Installation	Name of Contractor: <u>Peak Roofing Contractors</u> Mailing Address: <u>405 Belle Air Lane, Warrenton, VA 20186</u> Phone Number: <u>703-753-4585 ext. 303</u> EMAIL: <u>tina@peakroofingcontractors.com</u> State Contractor's License No: <u>2705115445</u> Class: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Classification: <u>CIC HIC</u> Expiration Date: <u>07/31/25</u> Business License # <u>4493</u> Description of Work AND Valuation of work: <u>remove existing slate roof and install a new slate roof - \$48,464.00</u>
Type of Contractor: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Gas Fitting <input type="checkbox"/> Outside Line <input type="checkbox"/> Inside Line <input type="checkbox"/> Tank Installation	Name of Contractor: _____ Mailing Address: _____ Phone Number: _____ EMAIL: _____ State Contractor's License No: _____ Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Classification: _____ Expiration Date: ____/____/____ Business License # _____ Description of Work AND Valuation of work: _____
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TOWN OF WARRENTON

ARCHITECTURAL REVIEW BOARD CERTIFICATE OF APPROPRIATNESS

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

COA # _____

Assoc. Permit # _____

The Architectural Review Board (ARB) meets every **4th Thursday at 7:00pm** in Town Hall (21 Main Street). Applications requiring ARB are due by the **1st day of each month** (or the first business day immediately following) prior to the meeting. Each applicant or a representative, who has the authority to commit the applicant to changes as recommended or required by the ARB are required to attend this meeting or the application will be deferred. Please read the [Warrenton Historic District Guidelines](#) for additional information Historic District requirements.

The following materials are required in addition to a complete, signed application (check if submitted):

- ☒ Photographs of the area of work.
- ☐ Plans, drawings, product information sheets, and/or samples (Two hard/one digital copy).
- ☐ Accompanying permit applications (if required; this application also serves as a zoning permit).

Project Owner

Address/Location: 9 Culpeper Street Warrenton, VA 20186 GPIN: _____

Name: Gary Pearson Email: gpearson@pearsonlaw.net

Address: 9 Culpeper Street Warrenton, VA 20186 Phone: (540) 270-8970

Applicant (If different then above)

Name: Peak Roofing Contractors Email: tina@peakroofingcontractors.com

Address: 405 Belle Air Lane, Warrenton, VA 20186 Phone: 703-753-4585 ext.303

Applicant's Representative (If different then above. Must have authority to commit the applicant to make changes that may be suggested or required by the ARB)

Name: _____ Email: _____

Address: _____ Phone: _____

Complete description of each modification or improvement

Remove existing slate roof and install a new slate roof Ecostar 12" Slate tiles.

Is there an application relevant to this property pending or contemplated before another Town Board?

Yes ☐ No ☒ If so, specify: _____

Signature of Property Owner

Gary M Pearson
Name (Print or Type)

Signature of Applicant/Agent

Tina Mills
Name (Print or Type)

