

Phone: (804) 520-9297
Fax: (804) 524-8755

MECHANICAL PERMIT APPLICATION

		APPLICATION DATE		ASSOCIATED BUILDING PERMIT #	
JOB LOCATION			APT./SUITE #		ZIP CODE
TAX MAP PARCEL #		SECTION	BLOCK	LOT	
SUBDIVISION					
CONTRACTOR'S NAME			PHONE		CONTRACTOR'S LIC #
PROPERTY OWNER NAME					PROPERTY OWNER PHONE #
PROPERTY OWNER ADDRESS/CITY/STATE/ZIP				APT./SUITE #	ESTIMATED COST
CONTACT EMAIL				TOTAL SQ. FT.	PERMIT FEE
<input type="checkbox"/> HEAT TYPE <input type="checkbox"/> COMMERCIAL HOOD (PLANS & CALCULATIONS REQUIRED) <input type="checkbox"/> DISHWASHER EXHAUST SYSTEM (PLANS & CALCULATIONS REQUIRED) <input type="checkbox"/> REFRIGERATION SYSTEM <input type="checkbox"/> HAZARDOUS MATERIAL EXHAUST (PLANS & CALCULATIONS REQUIRED) <input type="checkbox"/> WOOD STOVE <input type="checkbox"/> OTHER			<p style="text-align: center;"><u>TANKS:</u></p> TANK FUEL TYPE: _____ TANK TYPE: _____ TANKS SIZE: _____ LOCATION (CIRCLE): ABOVE GROUND UNDERGROUND		STATE LEVY TOTAL FEE OWNERS BUILDING OR CONSTRUCTING THEIR OWN HOME MUST COMPLETE THE FOLLOWING HOMEOWNER AFFIDAVIT. I, _____ of (address) _____ affirm that I am the owner of the tract or parcel of land indicated above and that I have applied for this plumbing permit. I affirm that I am familiar with the prerequisites of Section 54.1111 of the Code of Virginia and I am not subject to licensing as a contractor or subcontractor.
OTHER (EXPLAIN):					
TENANT NAME			TENANT USE		
WORK DESCRIPTION					Affient's Signature _____ Signed and acknowledged by _____ in the city or county of _____ Virginia, on the _____ of _____ 20_____ in the presence of the undersigned witness. Witness _____
I hereby acknowledge that I have read this application and know that same to be true and agree to comply with all the city ordinances and state laws regulating building construction and use.					THIS SPACE FOR OFFICE USE ONLY
Signature of Master Agent _____ Date _____					
Please Print Name _____					
COMMENTS					