



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

MECHANICAL PERMIT APPLICATION

Version 2009-10-07

Master Permit # **BLD** _____
 PPI Case # **PPI** _____
 Zoning # **ZPA** _____
 Project Name _____

Staff Use Only			
Approved By:	Date Approved:	Permit # MEC	
Use Group:	Type Const:	Date Issued:	
IBC ____ IRC ____	Code Year:	Issued By:	Work Code:

LOCATION OF PROPERTY

Subdivision _____ Section _____ Block _____ Landbay _____ Phase _____ Lot _____
 Property Address _____
 Name of Property Owner _____ Phone # _____

APPLICANT: CHECK BOX TO IDENTIFY PERMIT HOLDER

Owner/Lessee _____ Address _____
 Contractor _____ Address _____
 State Registration # _____ Class _____ Phone # _____
 Prince William County License # _____ Home Improvement Contractor's License # _____
 Master Name _____ Cert # _____

TYPE OF CONSTRUCTION: Residential Comm/Office Comm/Mercantile Industrial Public/Institutional Other _____

TYPE OF IMPROVEMENT: New Addition Fuel Conversion Alteration/Repair Tenant Layout Other _____

ENTER QUANTITY WHERE APPLICABLE

<input type="checkbox"/> RESI HVAC - # ZONES _____	<input type="checkbox"/> KITCHEN HOOD FANS _____	<input type="checkbox"/> VAV FANS _____
<input type="checkbox"/> RESI WOOD STOVES _____	<input type="checkbox"/> KITCHEN HOOD SQ FT _____	<input type="checkbox"/> FAN COILS _____
<input type="checkbox"/> PREFABRICATED FIREPLACES _____	<input type="checkbox"/> DRYER/LAUNDRY CLEANERS _____	<input type="checkbox"/> CONVERSION BURNERS _____
<input type="checkbox"/> RESI DUCT ONLY – BASEMENT/ADD _____	<input type="checkbox"/> EXHAUST FANS _____	<input type="checkbox"/> AMUSEMENT RIDES _____
<input type="checkbox"/> POOL HEATERS _____	<input type="checkbox"/> SMOKE REMOVAL FANS _____	<input type="checkbox"/> HYDRONIC PIPING _____
<input type="checkbox"/> GENERATORS _____	<input type="checkbox"/> AIR COMPRESSORS _____	<input type="checkbox"/> CHILLER _____ TON _____
<input type="checkbox"/> SPACE HEATERS _____	<input type="checkbox"/> AUTO LIFTS _____	<input type="checkbox"/> FURNACE _____ MBH _____
<input type="checkbox"/> UNIT HEATERS _____	<input type="checkbox"/> AUTO EMISSION EXHAUST SYSTEMS _____	<input type="checkbox"/> HVAC _____ TON _____
<input type="checkbox"/> ELEVATOR/ESCALATORS _____	<input type="checkbox"/> THRU WALL AC/HEAT PUMPS _____	<input type="checkbox"/> HOT WATER/STEAM BOILER _____ BTUH _____
<input type="checkbox"/> ELEVATOR/LIFTS _____	<input type="checkbox"/> COMM DUCT WORK SQ FT _____	<input type="checkbox"/> REFRIGERATION UNIT _____ TON _____

LIST BELOW ANY OTHER MECHANICAL EQUIPMENT – DESCRIBE ALL EQUIPMENT BY MAKE, MODEL NUMBER AND RATING IN BTU, HP OR TONS:

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT ALL CONSTRUCTION WILL COMPLY WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND APPLICABLE ORDINANCES. THE PERMIT HOLDER IS THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE VUSBC AND OTHER ORDINANCES.

PRINT NAME _____
 SIGNATURE _____
 OWNER CONTRACTOR AUTHORIZED AGENT
 TELEPHONE NUMBER _____
 DATE _____

Staff Use Only	
Filing Fee Paid \$	Rec. #
Permit Fee \$	Rec. #
Resubmission Fee \$	
Remaining Fee Due \$	Rec. #

THIS PERMIT DOES NOT INCLUDE ELECTRICAL, GAS OR PLUMBING INSTALLATIONS.