



**PRINCE WILLIAM COUNTY**  
**Department of Development Services – Building Development Division**

**MECHANICAL PERMIT APPLICATION**

Version 2020\_0619

Master Permit # **BLD** \_\_\_\_\_  
 Zoning # \_\_\_\_\_  
 Project Name \_\_\_\_\_

Staff Use Only			
Approved By: _____		Permit # <b>MEC</b>	
Date Approved: _____		IVR 6 Digit PIN # _____	
Use Group: _____	Type Const: _____	Date Issued: _____	Issued By: _____
VCC-IBC __ VEBC-IEBC __ VRC-IRC __	Code Year: _____	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**

**\*\* All Contacts must have a Registered [ePortal](#) account to be added to the Permit\*\***

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

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**

**VALUE OF WORK OR CONTRACT COST: \$** \_\_\_\_\_

<input type="checkbox"/> RESI DUCT ONLY – BASEMENT/ADD _____	<input type="checkbox"/> KITCHEN HOOD FANS ____ SQ FT _____	<input type="checkbox"/> ADULT RIDE _____
<input type="checkbox"/> RESI HVAC - # ZONES _____	<input type="checkbox"/> DRYER/LAUNDRY CLEANERS _____	<input type="checkbox"/> SPECIAL RIDE _____
<input type="checkbox"/> RESI WOOD STOVES _____	<input type="checkbox"/> EXHAUST FANS _____	<input type="checkbox"/> TANKS _____
<input type="checkbox"/> PREFABRICATED FIREPLACES _____	<input type="checkbox"/> SMOKE EVAC FANS ____ CUBIC FT _____	<input type="checkbox"/> PUMPS _____
<input type="checkbox"/> POOL HEATERS _____	<input type="checkbox"/> AIR COMPRESSORS _____	<input type="checkbox"/> RELOCATED HVAC _____
<input type="checkbox"/> GENERATORS _____	<input type="checkbox"/> AUTO LIFTS _____	<input type="checkbox"/> DUCT _____ SQ FT _____
<input type="checkbox"/> SPACE HEATERS _____	<input type="checkbox"/> AUTO EMISSION _____	<input type="checkbox"/> CHILLER _____ TON _____
<input type="checkbox"/> UNIT HEATERS _____	<input type="checkbox"/> THRU WALL AC/HEAT PUMPS _____	<input type="checkbox"/> FURNACE _____ MBH _____
<input type="checkbox"/> NEW ELEVATOR/ESCALATOR _____	<input type="checkbox"/> VAV FANS _____	<input type="checkbox"/> HVAC _____ TON _____
<input type="checkbox"/> ELEVATOR/LIFTS _____	<input type="checkbox"/> FAN COILS _____	<input type="checkbox"/> HOT WATER/STEAM BOILER ____ BTUH ____
<input type="checkbox"/> WALK-IN COOLER _____	<input type="checkbox"/> KIDDIE RIDE _____	<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 \_\_\_\_\_  
 OWNER  CONTRACTOR  AUTHORIZED AGENT  
 TELEPHONE NUMBER \_\_\_\_\_  
 DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
 By checking this box, I agree to electronically signing this form.

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

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