



Department of Development Services

Building Safety Division
 Suite 300 West, 300 Park Avenue, Falls Church, VA 22046
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214

Mechanical Permit Application

Date _____

PERMIT NO. _____

Required fields are marked with **>** and must be filled in. Please ensure that all required fields have been completed. If you are not using a mechanics' lien agent, please mark "None" in that section. If there is no tenant or lessee, mark "None" in that section.

ADDRESS OF BUILDING

> _____ **Falls Church, VA** >
 Street Address Unit # Zip

CONTRACTOR OR OTHER APPLICANT

MECHANICS' LIEN AGENT (Residential Only) NONE

> **Name** _____ Phone H. O. C. >
 > **Name** _____ Phone H. O. C. >

> **Address** _____ >
 > **Address** _____ >

> **City** _____ **State** _____ **Zip Code** _____ >
 > **City** _____ **State** _____ **Zip Code** _____ >

VA State License Number _____ Class A. B. C.

BUILDING OWNER INFORMATION

TENANT OR LESSEE INFORMATION NONE

> **Name** _____ Phone H. O. C. >
 > **Name** _____ Phone H. O. C. >

> **Address** _____ >
 > **Address** _____ >

> **City** _____ **State** _____ **Zip Code** _____ >
 > **City** _____ **State** _____ **Zip Code** _____ >

VA STATE MASTER HVAC LICENSE

CONTRACT PRICE

> **Name:** _____ > **VA State License #:** **2710-** > **Expires:** _____ > **\$** _____

ENGINEER / DESIGNER INFORMATION

 Name - Architect/ Engineer/ Plan Preparer Street City State Tel. # License #

TYPE OF WORK

Qty	Item	Manufacturer & Model Number	Rating (Tons)
	<input type="checkbox"/> Air Cond. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Handler <input type="checkbox"/> Refrig. Unit <input type="checkbox"/> Fan Coil <input type="checkbox"/> VAV Box <input type="checkbox"/> Hood <input type="checkbox"/> Paint Spray Booth		
	<input type="checkbox"/> Air Cond. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Handler <input type="checkbox"/> Refrig. Unit <input type="checkbox"/> Fan Coil <input type="checkbox"/> VAV Box <input type="checkbox"/> Hood <input type="checkbox"/> Paint Spray Booth		
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	<input type="checkbox"/> Air Cond. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Handler <input type="checkbox"/> Refrig. Unit <input type="checkbox"/> Fan Coil <input type="checkbox"/> VAV Box <input type="checkbox"/> Hood <input type="checkbox"/> Paint Spray Booth		

Ductwork: Ventilation System Risers: _____ Floors: _____ Exhaust System Risers: _____ Floors: _____

Check Policy - The City of Falls Church accepts checks as a form of payment. However, should your check be returned to us for any reason, it is our policy to electronically debit your account for the amount of the check plus a processing fee of \$50.00.

I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

> _____ >
 Signature of Applicant Date Address

> _____ >
 Print Name Phone to Call When Permit Ready City State Zip Code

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

OFFICIAL USE ONLY

Approvals

Permit Fee

Zoning _____ **Date** _____

Base Permit Fee _____

Building Official _____ **Date** _____

2% State Levy _____

Approved Per VUSBC Only

Total Permit Fee _____