



Community Planning & Economic Development Services

Building Safety Division
 300 Park Avenue, Suite 103E, Falls Church, VA 22046
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214
 permits@fallschurchva.gov www.fallschurchva.gov

MECHANICAL PERMIT APPLICATION

PERMIT NO. _____

ADDRESS OF BUILDING

Street Address _____ Unit # _____ Falls Church, VA Zip Code _____

APPLICANT: CONTRACTOR OWNER

Name _____ Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C		Name _____ Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C	
Address _____		Address _____	
City _____	State _____	Zip Code _____	City _____ State _____ Zip Code _____

BUILDING OWNER INFORMATION

VA State Contractor's License Number _____	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Expiration Date _____	TENANT/LESSEE INFORMATION <input type="checkbox"/> NONE	
Falls Church Customer Number (if known): _____			Name _____	Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C
Master HVAC's Name (DPOR Qualified Indiv.) _____		License Expiration Date _____	Address _____	
License Number 2710-	Contract Price \$ _____	City _____	State _____	Zip Code _____

TYPE OF WORK

One-for-One Replacement (Mark this box if all work on this application is direct replacement(s) with the same size and rating. Indicate items below.)

How Much Ductwork? _____ Floors _____ Risers _____ Exhaust System Risers Hood Paint Spray Booth

Qty	Item (gas units are mech. only; gas work not included)	Manufacturer & Model Number (list one piece per line)	Rating (Tons)
	<input type="checkbox"/> Air Cond. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Handler <input type="checkbox"/> Gas Furnace		
	<input type="checkbox"/> Fan Coil <input type="checkbox"/> VAV Box <input type="checkbox"/> Gas FP Ins <input type="checkbox"/> Refrig. Unit		
	<input type="checkbox"/> Air Cond. <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Handler <input type="checkbox"/> Gas Furnace		
	<input type="checkbox"/> Fan Coil <input type="checkbox"/> VAV Box <input type="checkbox"/> Gas FP Ins <input type="checkbox"/> Refrig. Unit		
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SIGNATURE

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 Number _____ City _____ State _____ Zip Code _____

E-Mail Address _____

Submission: E-mail this application, any other required documents, and plans to permits@fallschurchva.gov. Please make all submissions in PDF format. Do not submit photos either in the e-mail or as attachments.

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

FEES

Business License: Update Verified Annualized Under check-in threshold Owner Permit

Review Required: Issued OTC, no review required Requires Review, routed to Building Official

Base Permit Fee \$ _____
 10% Tech Fee \$ _____
 10% Admin Fee \$ _____
 2% State Levy \$ _____

Building Official _____ Date _____

Total Fee \$ _____

Approved per VUSBC Only

(fee with 2.95% credit-card fee) \$ _____