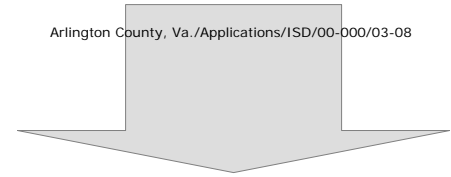




Arlington County, Virginia
 Department of Community Planning, Housing and Development
 Inspection Services Division

Arlington County, Va./Applications/ISD/00-000/03-08

MECHANICAL PERMIT APPLICATION



A.	<u>Customer's Information</u>	Important: Applicant to complete all <u>non-shaded</u> areas and mark or circle where applicable.				Do not write here			
		Important: Applicant must fill ALL four (4) sections "A, B, C, and D" of this application. Failure to do so may result in rejection and/or delay of the reviewing process.				M M B M			
	Job Address		Number and street	suite	Floor			Phone at site if available	
	Check applicable permit holder box	<input type="checkbox"/> Contractor	Name	Number and Street				City	
		<input type="checkbox"/> Legal Owner	Name	Address				Phone	
Tenant Name (If applicable)		Name	Number and Street		Phone				

B.	<u>Job Description</u>	Building Type	<input type="checkbox"/> Single Family <input type="checkbox"/> Town house <input type="checkbox"/> Commercial <input type="checkbox"/> All Other				New Residential Only (No. of HVAC system)	
		Type of Work	<input type="checkbox"/> New		<input type="checkbox"/> Replacement		Commercial Only (Contract Value)	
	<u>Location of work that requires Zoning review</u>		<input type="checkbox"/> Roof top		<input type="checkbox"/> Outside		Commercial Only (Listed Equipment Value)	

C.	<u>Equipment Specifications</u>		Important: When vent systems or chimneys are not inspected by ISD, persons performing such changes or installations shall certify to ISD that the requirements of VUSBC section M1801.1.1.1 are met.					
	Heating Equipment		Cooling Equipment		Fuel Tanks		Prefabricated Fireplace	
	QTY _____	MBH _____	QTY _____	Tons _____	Qty _____	Gallons _____	Qty _____	
	QTY _____	MBH _____	QTY _____	Tons _____	Qty _____	Gallons _____	Prefabricated Chimney	
	QTY _____	MBH _____	QTY _____	Tons _____	Qty _____	Gallons _____	Qty _____	
	QTY _____	MBH _____	QTY _____	Tons _____	Expansion Tanks		Piping of Equipment	
	QTY _____	MBH _____	QTY _____	Tons _____	Qty _____	Gallons _____	Yes _____ No _____	
	QTY _____	MBH _____	QTY _____	Tons _____	Qty _____	Gallons _____	Duct Work	
	QTY _____	MBH _____	QTY _____	Tons _____	Qty _____	Gallons _____	Yes _____ No _____	
Other , or name equipment above : _____								

D.	<u>Certification</u>		I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes				
	Signature of Applicant		Address		Name (print)		Date

NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.