



Town of Chilhowie, Virginia

Office of the Building Inspector

MECHANICAL PERMIT APPLICATION



A	Customer Information		Important: Applicant must complete all non-shaded areas and mark or circle where appropriate.				Application Date		
			Important: Applicant must fill ALL three (3) sections "A, B, and C" of this application. Failure to do so may result in rejection and-or delay of the review process.				Permit Number		
	Job Address		Number & Street		Parcel Number		Site Phone		
	Contractor		Name		License Number		Phone		
	<input type="checkbox"/> Check here if the contractor is the permit holder.		Number & Street		City		State	Zip	
	Applicant		Name		PO Box (If Applicable)		Phone		
			Number & Street		City		State	Zip	
Property Owner		Name		PO Box (If Applicable)		Phone			
		Number & Street		City		State	Zip		
Work to be Performed on		Type and Quantity of Equipment			Type and Quantity of Equipment			Building Official	
<p><u>New Construction</u></p> <p><input type="checkbox"/> Single Family Dwelling</p> <p><input type="checkbox"/> Multi-Family Dwelling</p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Industrial</p> <p><u>Additions, Alterations and Repairs</u></p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Other</p>		<p><input type="checkbox"/> _____ Boiler G O E</p> <p><input type="checkbox"/> _____ Furnace G O E</p> <p><input type="checkbox"/> _____ Heat Pump Ton _____</p> <p><input type="checkbox"/> _____ Gas Logs</p> <p><input type="checkbox"/> _____ Woodstove</p> <p><input type="checkbox"/> _____ Fireplace Insert</p> <p><input type="checkbox"/> _____ Dryer</p> <p><input type="checkbox"/> _____ Chimney Liner</p> <p><input type="checkbox"/> _____ Gas Lights</p> <p><input type="checkbox"/> _____ Incinerator</p> <p><input type="checkbox"/> _____ Vent Connector / Vent</p>			<p><input type="checkbox"/> _____ Duct Exhaust System</p> <p><input type="checkbox"/> _____ Ventilation System</p> <p><input type="checkbox"/> _____ Air Distribution System</p> <p><input type="checkbox"/> _____ Fire/Smoke Dampers</p> <p><input type="checkbox"/> _____ Bathroom Exhaust</p> <p><input type="checkbox"/> _____ Residential Hood</p> <p><input type="checkbox"/> _____ Type I Hood</p> <p><input type="checkbox"/> _____ Type II Hood</p> <p><input type="checkbox"/> _____ Refrigeration Equipment</p> <p><input type="checkbox"/> _____ Pool / Spa Heater</p> <p><input type="checkbox"/> Other _____</p>			<p><u>Storage Systems</u></p> <p><input type="checkbox"/> Aboveground Tank</p> <p><input type="checkbox"/> Underground Tank</p> <p><input type="checkbox"/> Fuel Type:</p> <p><input type="checkbox"/> Capacity:</p> <p><input type="checkbox"/> Outlets #:</p> <p><input type="checkbox"/> Haz-Mat (Y) (N)</p>	
Certification:		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 and the Town of Chilhowie Zoning Ordinance.							
Signature		Address		Name (Print)		Date		Phone	
DO NOT SIGN		LEAVE BLANK		LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	
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.									