



City of Fairfax, Virginia

FIRE DEPARTMENT / CODE ADMINISTRATION

10455 Armstrong Street • Room 208 • Fairfax, VA 22030-3630

P 703.385.7830 • www.fairfaxva.gov/code

MECHANICAL/GAS PERMIT APPLICATION v2017

-Office Use Only-

PERMIT # _____

Date Issued: _____

Dep. Inv # _____ Dep. Paid \$ _____

Bal. Inv # _____ Bal. Paid \$ _____

PERMIT TO BE ISSUED TO: CONTRACTOR OWNER TENANT

JOB LOCATION INFORMATION

Address: _____	Suite/Flr #: _____
Lot # _____	RE: Building Permit #

BUILDING OWNER INFORMATION

Owner Name: _____	Telephone: _____
Address: _____	

CONTRACTOR INFORMATION

Company Name: _____			
Address: _____			
Telephone: _____	Fax: _____	Email: _____	
VA Contractor Lic# _____	Expire Date: _____	City of Fairfax Business Lic# _____	

TENANT INFORMATION

Name: _____		
Telephone: _____	Fax: _____	Email: _____

TYPE OF BUILDING

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Renovation	<input type="checkbox"/> New Tenant	Use Group: _____
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DESCRIPTION/AREA OF WORK

<p>_____</p>

Estimated Cost of Work: \$ _____	Estimated cost of Ductwork Only: \$ _____
Documents Provided: <input type="checkbox"/> Plans <input type="checkbox"/> Specs <input type="checkbox"/> Manual J <input type="checkbox"/> Riser Diagram <input type="checkbox"/> Submitted with building application	

Type of Equipment	Manufacturer	Model	# Units	Rating/Tons/BTU's	New (N) Replace (R)

Number of Fire Dampers Required: _____ Number of Sub-Ducts Required: _____
 Duct Detectors: YES NO Fire Alarm: YES NO
 Install Equipment Only Install Gas Line & Equipment Install Gas Line Only w/ _____ gas fixture connections

The request for use of personal information on this form is subject to the Privacy Protection Act of 1976 and the Freedom of Information Act

I hereby certify that I have authority of the owner to make this application, that the information is complete, and that if a permit is issued, the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and regulations including private building restrictions, if any, which relate to the property. He/She and the company or organization named and represented herein is duly registered or exempt from registration in accord with the provisions of Chapter 7 of the Code of Virginia. I further certify that if I am acting as an **agent** for a properly licensed contractor, or contractor exempt from registration, I have his/her authority to apply for this application.

***For replacement equipment, I certify that the installation of this mechanical equipment WILL NOT RESULT in any greater visual impact than the current existing equipment.**

Applicant Signature: _____	Date: _____
Contact Person's Name: _____	Phone: _____ Fax: _____
Email Address: _____	

Approval: _____ Date: _____	Zoning Approval: _____ Date: _____
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