

CITY OF HARRISONBURG

Department of Community Development
Building Inspection Division
409 South Main Street, P.O. Box 20031

Harrisonburg, Virginia 22801-7531

Telephone No. 540-432-7700 Fax No. 540-432-7777

Building Permit No: _____

Supplement to Building Permit No: _____

___ BOCA Class "A" No: _____

___ CABO Class "B" No: _____

Class "C" No: _____

Harrisonburg Business License No: _____

MECHANICAL PERMIT APPLICATION

Owner:

Name: _____

Mailing Address _____

City _____ State _____

Zip Code _____ Tele No _____

LOCATION OF LOT AND/OR TANK

House Number _____

Street Name _____

Sheet _____ Block _____ Lot(s) _____

Site Plan Required Yes ___

Primary Heat Source

Natural Gas ___ Fuel Oil ___ LP Gas ___

Storage Tanks

Underground ___ Aboveground ___

Type of Tank: Fiberglass ___ Steel ___ Other ___

Size of Tank(s) _____ Gal. Number of Tanks _____

Abandonment of Underground Tank ___

Removed By _____

Quantity

1 1/2 T Heat Pump _____	1 1/2 T AC _____
2T Heat Pump _____	2T AC _____
2 1/2 Heat Pump _____	2 1/2 T AC _____
3T Heat Pump _____	3T AC _____
3 1/2 T Heat Pump _____	3 1/2 T AC _____
5T Heat Pump _____	5T AC _____
Other Heat Pump _____	Other AC _____
Range Hood(s) _____	Hood Fire Suppression ___

Single Family _____	Fee/TH Unit _____	Total _____
Townhouse _____	Fee/DP Unit _____	Total _____
Duplex _____	Fee/CD Unit _____	Total _____
Condo _____	Fee/MA Unit _____	Total _____
Apartments _____	Fee/MA Unit _____	Total _____
Secondary Heat Source Any Residence Complete Install _____		

Building Permit No. _____ State Levy _____

Date _____

Applicant _____

Contracted By ___ Performed By ___ Supervised By ___

Workers Name _____

Workers Mailing Address _____

City of _____ State _____

Zip Code _____ Tele No _____

Bond Current Yes ___ No ___

Type of Work to be Done

New ___ Repair ___ Addition ___ Improvement ___

REMARKS

Furnaces _____ BTU'S _____

Boilers _____ BTU'S _____

Refrigeration Systems _____ TONS _____

Water Heater(s) _____	Quantity _____	Oven(s) _____	Deep Fryer(s) _____
Roof Top Unit(s) _____		Dryer(s) _____	Range(s) _____
Space Heater(s) _____			Steam Table(s) _____
Unit Heater(s) _____			Heat Exchanger(s) _____
Grill(s) _____			Crematory _____
Fire Dampers _____			Incinerator(s) _____

Secondary Heat Sources

Gas Logs ___ Wood Stoves ___ Fireplace Inserts ___

Other Secondary Heat Sources _____

Estimated Total Value of Construction
Including Value of Materials and Labor _____

Natural Gas Service ADD _____

LP Gas Service ADD _____

Furnace or Boiler ADD _____

Total Residential Fee _____

Total Commercial Fee _____

Building Division _____