



Building Inspection Division
 409 South Main Street
 Harrisonburg VA 22801-7531
 Telephone: 432-7700
 Fax: 540-432-7777

MECHANICAL PERMIT APPLICATION

Property Owner: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Location of Work:

(House No. and Street Name)

New Residential: Yes No

Primary Heat Source

Natural Gas Fuel Oil LP Gas

Location, Type and Size of Storage Tanks

Underground Aboveground

Type of Tank: Fiberglass Steel Other

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

Abandonment of Underground Tank _____

List Number of Each and Size

Heat Pump # _____, _____ tons. A/C Unit # _____, _____ tons

Furnaces _____ BTU's _____

Boilers _____ BTU's _____

Refrigeration Systems _____ BTU's _____

Secondary Heat Source

Gas Logs _____ Wood Stoves _____ Fireplace Inserts _____

Other Secondary Heat Sources _____

Date _____

Applicant Signature: _____

Mechanical Permit No: _____

Master Building Permit No: _____

DPOR Registration Number: _____

License Class: _____

Harrisonburg Business License Number: _____

Contracted by _____ Performed by _____ Supervised by _____

Name: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Brief Description and Remarks:

Number of Each

Water Heater(s) _____ Oven(s) _____ Range(s) _____

Roof Top Unit(s) _____ Grill(s) _____ Dryer(s) _____

Space Heater(s) _____ Unit Heater(s) _____

Water Heater New Replacement

Estimated Total Value of Construction (including materials and labor): \$ _____

Natural Gas Service ADD _____

LP Gas Service ADD _____

Furnace or Boiler ADD _____

Fee: \$ _____ State Levy: \$ _____

Total Fee: \$ _____

Building Division Signature:
