



Department of Community Planning, Housing and Development (CPHD)
 Inspection Services Division (ISD)
 2100 Clarendon Blvd., Suite 1000 | phone: 703-228-3800
 website: building.arlingtonva.us | email: ISDtradepermits@arlingtonva.us

MECHANICAL PERMIT APPLICATION

Building Permit # _____		Filing Fee: _____		Total Fee: _____		
Job Address	Number and street _____ Floor _____ Suite _____			Phone at site, if available _____		
Legal Owner	Name _____ Address _____			Phone _____		
Contractor (if applicable)	Name _____ VA State License Number _____ Arlington License Number _____			Permit holder: <input type="checkbox"/> Legal Owner <input type="checkbox"/> Contractor		
	Number and Street _____ City _____ State _____ Zip _____ Phone _____					
Tenant (if applicable)	Name _____ Number and Street _____			Phone _____		
Job Description	Building Type <input type="checkbox"/> Single Family <input type="checkbox"/> Town house <input type="checkbox"/> Commercial <input type="checkbox"/> All Other			Estimated Cost		
	Type of Work <input type="checkbox"/> New <input type="checkbox"/> Replacement					
Location of work that requires Zoning review		<input type="checkbox"/> Roof top <input type="checkbox"/> Outside		Commercial Only (Contract Value)		
Equipment Specifications		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.			Commercial Only (Listed Equipment Value)	
Heating Equipment		Cooling Equipment		Fuel Tanks		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
QTY _____ MBH _____		QTY _____ Tons _____		Expansion Tanks		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
QTY _____ MBH _____		QTY _____ Tons _____		QTY _____ Gallons _____		
Other, or name equipment above: _____						
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, the Zoning Ordinance, and Arlington County codes. By submitting this form I acknowledge that this document is considered to be a Public Record under the Virginia Public Records Act and may be subject to release under the Virginia Freedom of Information Act .				
Signature of Applicant _____		Print Name _____		Email Address _____		
Number and Street _____		City _____		State _____ Zip _____ Phone _____		
Note: Bring application, along with additional submission documents to: 2100 Clarendon Blvd., Suite 1000, ph: 703-228-3800. This permit shall become invalid if the authorized work is not started and an approved inspection completed 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 work commences. There may be additional requirements, depending on the type of work.						
Initials _____ Date _____						