



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 _____		Permit holder: <input type="checkbox"/> Legal Owner <input type="checkbox"/> Contractor
Legal Owner	Name _____ Address _____ Phone _____		
Contractor (if applicable)	Name _____ VA State License Number _____ Arlington License Number _____		
	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	
QTY _____ MBH _____	QTY _____ Tons _____	QTY _____ Gallons _____	QTY _____
QTY _____ MBH _____	QTY _____ Tons _____	QTY _____ Gallons _____	Prefabricated Chimney
QTY _____ MBH _____	QTY _____ Tons _____	QTY _____ Gallons _____	QTY _____
QTY _____ MBH _____	QTY _____ Tons _____	Expansion Tanks	
QTY _____ MBH _____	QTY _____ Tons _____	QTY _____ Gallons _____	Please indicate if the following is being done as part of project: <input type="checkbox"/> Piping Equipment <input type="checkbox"/> Duct Work
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 _____