

MECHANICAL PERMIT APPLICATION



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PROPERTY OWNER

Name: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Email: _____

CONTRACTOR

Name: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 VA Contractor's No: _____ Class: _____
 Expiration: _____ Email: _____

SITE ADDRESS

Address: _____
 City: _____ State: _____ Zip: _____

PROJECT

Cost: _____

STATE NATURE OF PROPOSED WORK

MECHANICAL, LIST # OF:

Central A/C: _____ Heat Pump: _____ Size: _____ Ducts: _____
 Mfr.: _____ Unit #: _____ Sized per Sec M1401.3-VRC: _____
 Gas Line: _____ Propane Natural Gas
 Gas Furnace: _____ Oil Furnace: _____ Wood Stove: _____
 Pre-Fab Solid Fuel Fireplace: _____ Gas Insert Vented: _____ Gas Insert Unvented: _____
 Outside Gas line/Product Line: _____ Outside Tank: _____ Radiant Floor: _____
 Line to Generator: _____ Other: _____
 Geothermal Heating System: _____ Open Loop Closed Loop
 HD Permit Number for Geothermal Well: _____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT THE ESTIMATED COST SET FORTH ON THE REFERENCED PERMIT, FOR THE PURPOSE OF DETERMINING THE APPLICABLE PERMIT FEE, IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE AND IT IS DETERMINED BY THE FOLLOWING: ACTUAL COST OF ALL LABOR AND MATERIALS INCLUDING ANY AND ALL FURNISHED BY OTHER THAN THE INSTALLER, SHALL BE INCLUDED IN SUCH COST. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND WITH REGULATIONS IN THE NEW KENT COUNTY BUILDING CODE, AND THE NATIONAL MECHANICAL CODE. THIS PERMIT BECOMES INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE.

PERMITS MUST BE OBTAINED BEFORE WORK IS COMMENCED. PERMIT FEES WILL BE DOUBLED FOR ANY WORK PERFORMED BEFORE PERMIT IS OBTAINED.

SIGNATURE OF APPLICANT/AGENT/OWNER

DATE

OFFICE ONLY

Permit Fee: \$ _____ Surcharge: _____ Zoning: _____
Date: _____ Check Cash

COMMISSIONER OF REVENUE OFFICE

Commissioner of Revenue: _____ Date: _____
Business License: Yes No N/A

DESCRIPTION OF PROPERTY

Tax Map Parcel Number: _____ Lot No.: _____ Zone: _____ Block: _____
District: _____ Subdivision: _____ Section: _____
Use Group: _____

BUILDING OFFICIAL DATE
 APPROVED DISAPPROVED