



APPLICATION FOR MECHANICAL PERMIT

Town of Cape Charles Building Department
 Municipal Building
 2 Plum Street
 Cape Charles, VA 23310
 (757) 331-2176 Fax (757) 331-4820
 codeofficial@capecharles.org

PLEASE FILL OUT FORM COMPLETELY

Date _____

Building Permit Number: _____

(IF APPLICABLE)

A permit is hereby requested to install the following mechanical work at:

Street address: _____

Owner Name & Mailing Address: _____

Owner Phone #: _____

Builder: _____

Builder Phone #: _____

Building: _____ New _____ Existing _____ Addition _____ Moved

Building Type: _____ Residential _____ Commercial

Equipment: _____ New (000) _____ Replace (200) _____ Conversion (400)

Please indicate the # of Mechanical Units to be installed:

Air to Air Heat Pump		Fire Damper		Wok	
Water to Air Heat pump		Cooling Tower		Oven	
Electric Furnace		Elec Wall Heater		Boiler	
Oil Furnace		Condenser		Grill	
Ventilation System		Electric Generator		Roof Top Unit	
Air Conditioning		Base Board Heat		Space Heater	
Range Hood		Electric Pool Heater		Shut Off Valve	
Electric Boiler		Dryer		Gas Generator	
Oil Boiler		Gas Furnace		GasPack	
Wood Stove/Prefab		Fireplace		Apollo System	
Refrigeration Unit		Gas Water Heater		Gas Lamp	
Walk-In Freezer		Gas Logs		Bun Warmer	
Air Handler		Lighter		Steam Table	
Electric Water Heater		Gas Pool Heater		Rice Cooker	
Hydro Heat System		Hot Tub Heater		Smokehouse	
Duct Work		Fryer		Industrial Equip.	
Chimney Liner		Range		Kettle	
Cheese Melter				Kiln	

Backflow Preventer: 11 RP

12 DC

13 PVB

Additional Information: _____

Applicant's Company Name: _____

State Registration # (Class A, B or C): _____

Email Address: _____ Fax #: _____

(Certified Master Tradesman) Signature: _____

Print Name: _____

Contract Value \$ _____ Fee \$ _____

I understand this permit is granted only for the work shown and described in this application.

Any falsification, misrepresentation or misleading information given VOIDS this permit.