CITY OF MANASSAS

DEPARTMENT OF COMMUNITY DEVELOPMENT
DEVELOPMENT SERVICES DIVISION
9027 Center Street Room 201
Manassas, VA 20110
Phone: 703-257-8278 Fax: 703-257-5831

PERMIT NO. _____
DATE _____

APPLICATION FOR MECHANICAL PERMIT

Request permission to _____ ☐ **NEW** ☐ **USED** ☐ **REPLACEMENT**

LOCATION	**STREET** _____ **DIRECTIONS** _____ _____	**Installer**	**NAME** _____ **ADDRESS** _____ **CITY** _____ **TEL. NO.** _____ **REG. NO.** _____
OWNER	**NAME** _____ **ADDRESS** _____ **CITY** _____ **TEL. NO.** _____	**Tenant**	**NAME** _____ **ADDRESS** _____ **CITY** _____ **TEL. NO.** _____
DESIGNER ENGINEER	**NAME** _____ **ADDRESS** _____ **CITY** _____ **TEL. NO.** _____ **REG. NO.** _____		**Plans and specifications with building application** ☐ **Plans and specifications attached** ☐ **Total Estimated Value** _____

USE GROUP _____ **TYPE OF CONSTRUCTION** _____

TYPE EQUIPMENT	MANUFACTURED BY	MODEL	NO.	RATING SIZE	FEE

REMARKS

TOTAL FEE
_____

I hereby certify that I have the authority to make this application that information given is correct and that use and installation shall conform to all applicable laws and regulations and does not violate deed or lease.

I am acting as agent of ☐ **Owner** ☐ **Lessee** ☐ **Other (specify)** _____

Address _____ **Tel. No.** _____ **Signature** _____

Plan review date _____ **Approved ( )** **By**_____