

THE CITY OF FRANKLIN
MECHANICAL PERMIT APPLICATION
 DEPARTMENT OF COMMUNITY DEVELOPMENT
 207 WEST SECOND AVENUE
 FRANKLIN, VA 237851
 Tel. (757) 562-8580 OR (757) 562-8682
 A PERMIT IS HEREBY REQUESTED TO INSTALL
 MECHANICAL ITEMS AT THE FOLLOWING PREMISES:

1. Address of Job: _____
2. Owner: _____ 3. Phone _____
4. Mechanical Contractor Trade Name: _____
5. Mechanical Contractor's Address: _____
6. City: _____ ZIP: _____ 7. State License _____
 Class A No. _____
 Class B No. _____
 Class C No. _____
8. Mechanical Contractor's Phone Number: _____
9. Mechanical Contractor's Email _____

10. USE:

Residential

- ☐ One Family
☐ Two Family
☐ Multi-Family
☐ _____ no. of units
☐ Hotel, Motel
☐ Other

***Commercial**

- ☐ Assembly/Restaurant
☐ Business/Office
☐ Elevators
☐ Educational
☐ Factory/Industrial
☐ High Hazard
☐ Mercantile, Stores _____ no. of units
☐ Institutional:
☐ Hospital
☐ Convalescent
☐ Day Nurseries
☐ Temporary _____
☐ OTHER _____

*(Site & Mechanical Plans to
 accompany application)

11. Indicate on the following list the building related mechanical items to be installed:

Air Conditioning	A	Fire Place Insert	I	Mech. Refrigeration	Q	Warm Air Furnaces	Y
Boilers	B	Fire Sprinkler	J	Package Unit	R	Wood Stoves	Z
Conversion Burners	C	Floor Furnace	K	Re-inspection	S	Water Heater	AA
Dryers	D	Fuel Piping	L	Restaurant Equip.	T	Vents	AB
Duct Work	E	Fuel Storage Tanks	M	Room Heaters	U	Gas Piping	AC
Fans and Blowers	F	Heat Pumps	N	Solar Water Heater	V		
Fire Alarm System	G	Incinerators	O	Unit Heater	W		
Fire Place	H	Kitchen Hood Vent	P	Wall Heaters	X		

12. Total number of Mechanical items to be installed: _____

13. Nature of work: _____

14. Valuation: \$ _____ 15. Total Fee: \$ _____

All permits necessary for the completion of the work indicated will be obtained and paid for before any work is started. Failure to comply with applicable codes will result in the VOIDNESS of the permit. Any falsification, misrepresentation or misleading information **VOIDS** this application.

16. APPLICANT

Master Mechanical

SIGNATURE _____ DATE: _____

PRINT

NAME: _____