



NORFOLK

Mechanical Permit Application
Development Services Center
810 Union Street, 1st Floor, Norfolk, Virginia 23510
(757) 664-6565

MECH Permit # _____

BLDG Permit # _____

Location of Work _____ Unit/Lot _____ Application Date _____

Applicant:

- Owner
 Contractor
 Agent
 Design Professional

OR	
<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant Name _____ Address _____ City/State/Zip _____ Phone # _____ Fax# _____ E-Mail Address _____	Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Mechanical Co. _____ Contact's Name _____ Address _____ City/State/Zip _____ Phone # _____ Fax # _____ Cell Phone # _____ E-Mail Address _____

- Type of Property:**
 Residential
 Multi-Family
 Commercial
Type of Work:
 New Structure
 Repair/Alteration

Project Cost \$ _____

- | | | |
|--|---|--|
| <input type="checkbox"/> A/C Equipment
<input type="checkbox"/> Air dist. duct sys _____ #grilles/diff.
<input type="checkbox"/> Air handler/fan coil unit G O E _____ BTU'S
<input type="checkbox"/> Fan Coil Unit
<input type="checkbox"/> Gas lights
<input type="checkbox"/> Grease duct
<input type="checkbox"/> Boiler G O E _____ BTU'S
<input type="checkbox"/> Hydro-heater G O E _____ BTU'S
<input type="checkbox"/> Burner G O E _____ BTU'S
<input type="checkbox"/> Package unit G O E _____ BTU'S
<input type="checkbox"/> Space heater G O E _____ BTU'S
<input type="checkbox"/> Res. Vent. duct system _____ #grilles/diff.
<input type="checkbox"/> Bath exhaust duct
<input type="checkbox"/> Dryer exhaust duct
<input type="checkbox"/> Residential kitchen exhaust duct
<input type="checkbox"/> Equipment Not Addressed
<input type="checkbox"/> Residential Bath Fan
<input type="checkbox"/> Clothes Dryer G E _____ BTU'S
<input type="checkbox"/> Chillers
<input type="checkbox"/> Water Towers
<input type="checkbox"/> Exhaust duct system _____ #grilles/diff. | <input type="checkbox"/> Exhaust fan
<input type="checkbox"/> Make Up Air Fan
<input type="checkbox"/> Ventilation Fan
<input type="checkbox"/> Fire/smoke dampers _____
<input type="checkbox"/> Gasoline/oil line _____ # of outlets
<input type="checkbox"/> Furnace G O E _____ BTU'S
<input type="checkbox"/> Heat pump/ condenser G O E _____ BTU'S
<input type="checkbox"/> Residential Hood
<input type="checkbox"/> Hydronic pipe __water __steam __chilled water
<input type="checkbox"/> Incinerator / crematory _____
<input type="checkbox"/> Incinerator _____
<input type="checkbox"/> Commercial Kitchen Cooking Equipment
<input type="checkbox"/> Medical gas _____ # of outlets
<input type="checkbox"/> Compressors __coolers__piping
<input type="checkbox"/> Chimney liner/ vent connector _____ SIZE
<input type="checkbox"/> Tank/s _____ capacity
<input type="checkbox"/> Manufac _____ Serial# _____
<input type="checkbox"/> Propane / Fuel Oil / Gasoline / _____
<input type="checkbox"/> Vent / Vent connector _____ SIZE
<input type="checkbox"/> VAV box
<input type="checkbox"/> Cooler / Walk-in Box | <input type="checkbox"/> Comm. Vent. duct system _____ #grilles/diff.
<input type="checkbox"/> Each Ventilation Zone
<input type="checkbox"/> Pool Heater
<input type="checkbox"/> Backflow, testable devices
<input type="checkbox"/> Backflow, non-testable devices
<input type="checkbox"/> Fuel Dispenser (Pumps)
<input type="checkbox"/> Tank Monitoring Station
<input type="checkbox"/> Type I hood (grease)
<input type="checkbox"/> Type II hood (ventilation)
<input type="checkbox"/> Condensate (dishwasher) hood

FIREPLACE
<input type="checkbox"/> Gas Log NG LP _____ BTU'S
<input type="checkbox"/> Woodstove/FP Insert
<input type="checkbox"/> Prefab Gas Fireplace

GAS LINE (STAND ALONE PERMIT)
<input type="checkbox"/> Gas/LP _____ # of outlets |
|--|---|--|

REMARKS: _____

I agree to work in conformity to the ordinances & regulations of the City of Norfolk & Virginia Uniform Statewide Building Code. **VUSBC 20**

Print Name: _____
Signature: _____
Date: _____

Office Use Only

Flood Zone: _____ Zoning App: _____
 Approved by _____ Date _____
 Permit Fee \$ _____ Admin Fee \$ _____ Tech. Fee \$ _____
 Cash _____ Check # _____ Credit _____

Asbestos Inspection Exemption

I certify that the above building is exempt from the Asbestos Inspection, as required by the Commonwealth of Virginia for the following reason (check one):

- 1. Single family dwelling or residential housing with four (4) or fewer units not being renovated / Demolished for commercial or public development.
- 2. The combined amount of regulated asbestos containing material involved is:
 - a) less than 260 linear feet of material on pipes, or
 - b) less than 160 square feet on other facility components, or
 - c) less than 35 cubic feet of facility components where the length or area cannot be measured.
- 3. Buildings for which an initial building permit was issued after January 1, 1985.

Signature of Owner or Authorized Agent

Date

Asbestos Certification

I, _____, certify that the affected portions of the building
(Building Owner or Agent)

located at _____ has been inspected for the presence of asbestos and complies with
(Building Address, Floor / Suite Number)
the Code of Virginia, S 36.99.7 and the Virginia Uniform Statewide Building Code, Section 110.3, and Section 108.1, Asbestos Survey Standards for Building to be renovated or demolished, as promulgated by the Virginia General Services Department, 'Clean Air Act' (NESHAP) and OSHA, 'Standards for Construction Workers'.

Signature

Date

HVAC ZONING SETBACK, ROOFTOP EQUIPMENT AND DUCT TESTING REQUIREMENTS

- An approved survey/site plan may be required at the time permit is obtained.
- Equipment location is to be shown in relation to primary building, property lines and adjacent buildings. (Fences are not accepted as property lines).
- Minimum 3 feet required for residential HVAC unit setback from face of unit to property line when located in side yard.
- Minimum 10 feet setback required from face of unit to centerline of public way or property line when equipment is located inside yard on a corner lot. (Other zoning setback requirements not listed may apply).

Rooftop Equipment Requirements

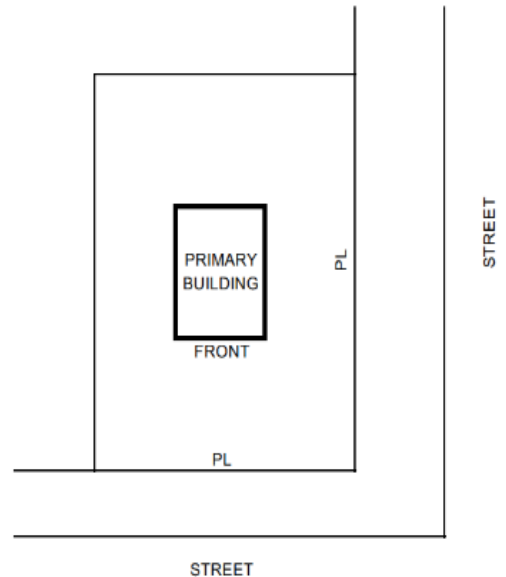
- A structural engineering certification is required for new equipment to be located on roofs. Also required for equipment change-outs on roofs that are not exact replacement.

Residential Ductwork Testing Requirements for newly installed duct systems

Ductwork located outside of the building thermal envelope must be sealed and tested by one of the following means. Please check the applicable testing method chosen. Note: Visual inspection method may require an additional inspection prior to insulating ductwork (prior to rough-in). Please select:

- Commercial Projects Only.** A visual duct joint inspection by code inspector.
- Approved duct tightness test prior to concealment (subject to inspector witnessing test)
- Approved duct tightness test at time of final inspection (subject to inspector witnessing test)

For specific testing requirements see 2015 Virginia Residential Code section N1103.3.3/ 2015 Virginia Energy Code R403.3.3



Applicant Signature

Date