



CITY OF BUENA VISTA
 Department of Planning & Community Development
 Building Inspections Office
 2039 Sycamore Avenue
 Buena Vista VA 24416

Alan McMahan, CBO, MPA
 Building Official
 (540) 261-8635
 inspector@bvcity.org

COMMERCIAL MECHANICAL PERMIT APPLICATION

(Please complete all applicable sections)

PERMIT #	APPLICATION DATE:		Application is hereby made for a building permit in accordance with the description and for the purposes hereinafter set forth. This application is made subject to all City and State laws, ordinances, rules and regulations now in force or that may hereafter be enacted affecting or regulating thereto and which are hereby agreed to by the undersigned applicant and which shall be deemed a condition entering into the exercise of this permit. Approval of this permit shall not be construed as authority to violate, cancel or set aside any provisions of applicable codes. The work conducted under this building permit will be subject to inspections during normal office hours by appropriate City officials for the purpose of determining compliance with applicable State and City laws and regulations. Such inspections are authorized by VA Code §36-105. By accepting this permit, the undersigned applicant agrees to these inspections. In addition, real estate assessors may inspect work as authorized by VA Code §58.1-3280.	
	APPLICABLE VUSBC:			
ASSOCIATED BUILDING PERMIT #:				
INSTRUCTIONS				
Submit completed application with two (2) complete sets of construction documents.				
New buildings and additions to existing buildings require a Zoning Construction Permit before obtaining a Building Permit. Commercial buildings and large developments may require a Site Plan and/or and Erosion and Sediment Control Plan.				
DESCRIPTION OF WORK				
<i>Please describe the work to be performed...</i>				
JOB LOCATION				
Street Address:		Tax Map #:		
Section:	Block:	Lot:		
Job Site Name:				
OWNER OF RECORD				
An Owner's Affidavit form shall be submitted if the owner/lessee will assume responsibility for the proposed work. Contact our office or visit our website to obtain a copy of this form.				
Name:		Email Address:		
Address:				
City:	State:	Zip:		
Home or Cell Phone:				
I hereby certify that I am the owner or that I have the authority of the owner to make application, that the information given is correct and that the use and construction shall conform to the City Health, Building and Zoning ordinances which are imposed on the property.				
SIGNATURE OF OWNER / AUTHORIZED AGENT				
PRINTED NAME OF OWNER / AUTHORIZED AGENT				
GENERAL CONTRACTOR				
Company Name:				
Address:	City:	State:	Zip:	

Phone #:		Fax #:			
Email Address:					
APPLICANT/SUBCONTRACTOR					
Company Name:					
Address:		City:		State:	Zip:
Phone #:		Fax #:		Email:	
Master Tradesman Card #:			Va. Contractor License #:		
Master Tradesman Signature:			Master Tradesman Signature:		
DESCRIPTION OF EQUIPMENT/SYSTEM TO BE PROVIDED/INSTALLED					
Furnace/Heater:			Ventilating/Exhaust:		
Boiler:			Chimney/Vents:		
Cooling Equipment:			Refrigeration Type:		
CHECK ITEMS BELOW APPLICABLE TO JOB	GAS APPLIANCES	No.	FUEL TYPE	HEAT TYPE	DUCT TYPE
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Gas Piping <input type="checkbox"/> Other	Boiler		<input type="checkbox"/> Electric <input type="checkbox"/> Gas (LP) <input type="checkbox"/> Gas (Natural) <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other	<input type="checkbox"/> Hot Water <input type="checkbox"/> Steam <input type="checkbox"/> Heat Pump <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other	<input type="checkbox"/> Air Conditioner <input type="checkbox"/> Heating <input type="checkbox"/> Exhaust <input type="checkbox"/> Commercial Hood/Exhaust <input checked="" type="checkbox"/> Other
	Clothes Dryer				
	Range w-w/o Oven				
	Gas Water Heater				
	Gas Logs				
	Furnace				
	Generator				
	Other				
TOTAL					
TANKS	ELEVATORS		AUTO/MATERIAL LIFT		
<input type="checkbox"/> Above Ground <input type="checkbox"/> Under Ground <input type="checkbox"/> Type	<input type="checkbox"/> Hydraulic <input type="checkbox"/> Traction <input type="checkbox"/> Other		<input type="checkbox"/> Auto Lift <input type="checkbox"/> Material Lift <input type="checkbox"/> Other		
ESTIMATED CONSTRUCTION COST (for proposed work):					
PERMIT FEE CALCULATION					PERMIT FEE
If the Estimated Construction Costs is less than \$1,000,000, then multiply that amount: _____ x .004 (Example: \$10,000 construction value x .004 = \$40.00 permit fee) —————>					
If the Estimated Construction Cost is greater than \$1,000,000, then multiply that amount: _____ x .006 (Example: \$25,000 construction value x .006 = \$150.00 permit fee) —————>					

POST PERMIT SO IT IS VISIBLE FROM THE STREET

Submission Checklist

- Completed Mechanical Permit Application
- Contractor licensing information
- Two sets of construction documents drawn to scale with sufficient detail and clarity to indicate the nature and extent of the work proposed. Construction documents may be required to bear the stamp/seal of a registered design professional, in accordance with §54.1-406 of the Code of Virginia.
- Completed and signed Owner/Builder Affidavit, if applicable