



Community Planning & Economic Development Services

Building Safety Division
 300 Park Avenue, Suite 103E, Falls Church, VA 22046
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214
 permits@fallschurchva.gov www.fallschurchva.gov

FUEL-GAS PERMIT APPLICATION

PERMIT NO. _____

ADDRESS OF BUILDING

Street Address _____ Unit # _____ Falls Church, VA Zip Code _____

APPLICANT: CONTRACTOR OWNER

BUILDING OWNER INFORMATION

Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C		Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C			
Address				Address					
City		State	Zip Code	City		State	Zip Code		
VA State Contractor's License Number		Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Expiration Date		TENANT/LESSEE INFORMATION <input type="checkbox"/> NONE			Name	Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C
Falls Church Customer Number (if known):				Address					
Master Gas Fitters's Name (DPOR Qualified Indiv.)		License Expiration Date		City				State	Zip Code
License Number 2710-		Contract Price \$							

TYPE OF WORK

One-for-One Replacement (Mark this box if all work on this application is direct, one-for-one replacement(s) with the same rating. Indicate items below.)

Gas Appliances _____ Range/Cooktop/Oven _____ Dryer _____ Water Heater _____ Fireplace Insert _____ Gas Log Set _____ Total # of Appliances		Gas Piping Are you running any gas pipe? <input type="checkbox"/> Yes <input type="checkbox"/> No		Service Equipment _____ Gas Service _____ Manifold _____ Relocate Meter		Oil Tanks _____ New _____ Replacement _____ Abandoned		Other Work (describe) _____ Automatic Gas Valve _____ _____	
Heating / Boilers <input type="checkbox"/> Furnace <input type="checkbox"/> RTU <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> RTU <input type="checkbox"/> Boiler		Manufacturer & Model Number _____ _____				Rating (BTU/Hour) _____ _____			

SIGNATURE

Check Policy - The City of Falls Church accepts checks as a form of payment. However, should your check be returned to us for any reason, it is our policy to electronically debit your account for the amount of the check plus a processing fee of \$50.00.

I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

Signature of Applicant _____ Date _____ Address _____

Print Name _____ Phone Number _____ City _____ State _____ Zip Code _____

E-Mail Address _____

Submission: E-mail this application, any other required documents, and plans to permits@fallschurchva.gov. Please make all submissions in PDF format. Do not submit photos either in the e-mail or as attachments.

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080 (TTY 711).

OFFICIAL USE ONLY

FEES

Business License: <input type="checkbox"/> Update Verified <input type="checkbox"/> Annualized <input type="checkbox"/> Under check-in threshold <input type="checkbox"/> Owner Permit	Base Permit Fee \$ _____
Review Required: <input type="checkbox"/> Issued OTC, no review required <input type="checkbox"/> Requires Review, routed to Building Official	10% Tech Fee \$ _____
	10% Admin Fee \$ _____
	2% State Levy \$ _____
Building Official _____ Date _____	Total Fee \$ _____
<i>Approved per VUSBC Only</i>	<i>(fee with 2.95% credit-card fee)</i> \$ _____